## BARGAINING COUNCIL FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE WESTERN CAPE

Furniture Industry House, 7 Maritz Street, Bellville 7530 P O Box 1529 Sanlamhof 7532 Tel: 021 948-5775 Fax: 021 917-1394 Email: holidayfund@furniture.org.za

## **APPLICATION FOR HOLIDAY BONUS ACCRUED**

SURNAME		
FIRST NAMES		
ADDRESS		
	TE	L. NO
I.D. NUMBER	BER INDEX NO	
NAME OF LAST EMPLOYER(Last Factory worked at in the Furniture Industry)		
DATE OF LEAVING LAST EMPLOYER		
REASON FOR LEAVING THE FIRM	(a) RETRENCHMENT Please Supply Proof of Ret	renchment
	(b) OTHER Please give details of Other	er
PREVIOUS EMPLOYER DATE STARTED DATE LEFT		
TRADE OR OCCUPATION		
BANKING DETAILS - I hereby request and authorise the Holiday and Bonus Fund to deposit my		
benefit into my bank account.  PROOF OF YOUR BANKING DETAILS MUST BE PROVIDED		
Name of Bank:		Branch Code:
Account Number:		Branch:
Name of Account Holder:		Type of Account:
I certify that the above particulars are true and correct.		
SIGNED		DATE
NOTE: A R45.00 ADMIN FEE FOR BANK CHARGES WILL BE DEDUCTED FOR ISSUING OF ANY CHEQUE.		
FOR OFFICE USE ONLY		
ACCUMULATED CREDIT:	EFT AMOUNT:	
LESS:-	CHEQUE AMOUN	IT:
PART PAYMENT:	CHEQUE NUMBE	R:
NOTICE CLAIM:	DATE:	
DECEASED:		
CHEQUE FEE:		<del></del>
TOTAL:	CHECKED.	