

THE FURNITURE INDUSTRY PROVIDENT FUND OF THE WESTERN CAPE

Furniture Industry House, 7 Maritz Street, Bellville 7530 P O Box 1529 Sanlamhof 7532
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SARS Reference No. 18204029533 FSCA Reference No. 37935

WITHDRAWAL BENEFIT CLAIM DOCUMENT (RULE 8)

Mandatory Information

TAX NUMBER: I.R.P.5 NUMBER:

MEMBER'S PERSONAL DETAILS

SURNAME: _____

FIRST NAMES: _____

ADDRESS: _____

CELL NO: _____

EMAIL: _____ TEL NO: _____

I.D. NUMBER: _____ INDEX NO.: _____

NAME OF LAST EMPLOYER: _____ WAGE PER WEEK: _____
(Last Factory worked at in the Furniture Industry)

REASON FOR LEAVING THE FIRM (a) RETRENCHMENT
Please supply Proof of Retrenchment

(b) OTHER
Please Specify

PERIOD OF SERVICE WITH LAST EMPLOYER: _____

PREVIOUS EMPLOYER: _____ Date Started _____ Date Left _____
(Previous Factory worked at in the Furniture Industry)

TRADE OR OCCUPATION: _____

DATE OF LEAVING LAST EMPLOYER: _____

COMPANY'S P.A.Y.E. NUMBER: _____

DECLARATION BY EMPLOYER

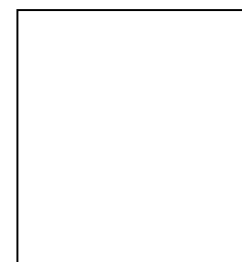
I hereby certify that:

- All particulars furnished in this Form and the accompanying documentation are true and correct.
- The member is no longer in the employ of the Company and/or is entitled in terms of the Rules of the Fund to withdraw their benefit.

Signed on behalf of the Employer

Name _____

Designation _____ Date _____



Office Company Stamp

Please turn over/...

Financial Advice

DO YOU WANT TO RECEIVE FREE NON-COMMITTAL, INDEPENDENT FINANCIAL INFORMATION AND FINANCIAL ADVICE ON HOW TO INVEST YOUR PROVIDENT FUND BENEFIT FROM A REGISTERED FINANCIAL ADVISER? YES NO

I hereby make application for my benefit and understand that payment by the Fund of moneys due to me in terms of this application is no bar to my continued employment in the Industry but that I shall on receipt of such moneys have no further claim on the Fund.

Method of Payment

Method of Payment (Please indicate either EFT or Cheque, and sign where appropriate. Banking details must be in the name of the Member.)

PROOF OF YOUR BANKING DETAILS (IN YOUR OWN NAME) MUST BE PROVIDED

EFT (I hereby request and authorize the Provident Fund to deposit my benefit into my bank account)

Name of Bank _____ Bank Branch Code _____

Account Number _____ Type of Account _____

Name of Account Holder _____ Branch _____

I certify that the above particulars are true and correct.

Member's/Beneficiary's Signature _____ Date _____

Cheque (Please complete 'Release from Liability' Declaration below)

'Release from Liability' Declaration

Due to the increased incidence of fraud in South Africa, it has become necessary to protect the Fund and its members against cheques being intercepted in the postal system and fraudulently negotiated. For your safety and convenience the Provident Fund has decided that payment via Electronic Fund Transfer will be the standard payment mechanism. Should you prefer payment by cheque, however, this 'Release from Liability' Declaration section must be completed.

I, the undersigned, hereby release and absolve the Provident Fund from any liability for loss I may suffer as a result of payment of my benefits by cheque in terms of the Rules of the Fund.

NOTE: A R45.00 ADMIN FEE FOR BANK CHARGES WILL BE DEDUCTED FOR ISSUING OF ANY CHEQUE.

Signed at _____ on this _____ day of (month) _____ (Year) _____

Member's/Beneficiary's Name (please print) _____

Identity Number _____

Member's/Beneficiary's Signature _____ Date _____

Member's/Beneficiary's Signature _____ Date _____

FOR OFFICE USE ONLY

ACCUMULATED CREDIT:	_____	EFT AMOUNT:	_____
<u>LESS:-</u>		CHEQUE AMOUNT:	_____
TAX:	_____	CHEQUE NUMBER:	_____
HOUSING LOAN:	_____	DATE:	_____
PART PAYMENT:	_____	REMARKS:	_____
DIVORCE PAYMENT:	_____		_____
CHEQUE FEE:	_____		_____
TOTAL:	=====		_____