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

Furniture Industry House, 19 Kent Street, Salt River 7925 P O Box 1123 Woodstock 7915
Phone: 021 448-4436 Fax: 021 447-0376 Email: holidayfund@furniture.org.za

APPLICATION FOR HOLIDAY BONUS ACCRUED

SURNAME

FIRST NAMES

ADDRESS

..... TEL. NO.

I.D. NUMBER 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 Retrenchment

(b) OTHER
Please give details of Other

.....

.....

PREVIOUS EMPLOYER DATE STARTED DATE LEFT
(Previous Factory worked at in the Furniture Industry)

TRADE OR OCCUPATION

BANKING DETAILS – I hereby request and authorise the Holiday and Bonus Fund to deposit my benefit into my bank account.

Name of Bank:..... Branch Code:.....

Account Number:..... Branch:.....

Name of Account Holder:..... Type of Account:.....

SIGNED DATE

FOR OFFICE USE ONLY

AMOUNT.....

CHEQUE NO. PROCESSED

DATE CHECKED