

PROVIDENT FUND FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE WESTERN CAPE

Furniture Industry House, 19 Kent Street, Salt River 7925 P O Box 1123 Woodstock 7915
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APPLICATION FOR DEATH BENEFIT

TAX NUMBER:

I.R.P.5 NUMBER:

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

DETAILS OF DECEASED

SURNAME:

FIRST NAMES:

DATE OF BIRTH: DATE OF DEATH:

I.D. NUMBER: INDEX NO.:

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

TRADE OR OCCUPATION:

PERIOD OF EMPLOYMENT IN THE FURNITURE INDUSTRY:

NAME OF NOMINEE (if any):

PARTICULARS OF DEATH CERTIFICATE

Number: Place of issue:

Date of issue: Cause of death:

Certificate seen by me: Date:
Secretary

DETAILS OF CLAIMANT

SURNAME:

FIRST NAMES:

HOME ADDRESS:

..... TEL. NUMBER:

IDENTITY NUMBER:

RELATIONSHIP TO DECEASED:

DOCUMENTARY PROOF OF RELATIONSHIP (attach):

SIGNATURE OF CLAIMANT: DATE:

PLEASE TURN OVER

DETAILS OF DEPENDANTS

Did the member have financial dependants or natural dependants (i.e. spouse, children and dependants)?

If yes, please give details below:

<u>Name</u>	<u>Relationship to Deceased</u>
.....
.....
.....
.....
.....

SIGNATURE OF CLAIMANT DATE

COUNCIL OFFICIAL

BANKING DETAILS OF CLAIMANT

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

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

Name of Account Holder:..... Type of Account:.....
if different from applicant

COMMITTEE'S CONSENT

Date of meeting:

Remarks:
.....

Passed for payment:

FOR OFFICE USE ONLY

LUMP SUM:	TOTAL:
TAX:	CHEQUE NUMBER:
HOUSING LOAN:	DATE:
PART PAYMENT:	

NOTE: A lump sum benefit equal to the member's Accumulated Credit shall become payable to his/her dependants or person(s) nominated by him/her as approved by the Management Committee.

Member's Accumulated Credit means the total of the member's credit and the employer's credit.