

PROVIDENT FUND FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE WESTERN CAPE

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APPLICATION FOR MORTALITY BENEFIT

TAX NUMBER:

I.R.P.5 NUMBER:

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

DEATH OF DEPENDANT: CLAUSE 10(7) OF PROVIDENT FUND AGREEMENT

DETAILS OF DECEASED

SURNAME:.....

FIRST NAMES:.....

DATE OF BIRTH: DATE OF DEATH:

IDENTITY NUMBER:

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):

NAME OF EMPLOYER:

OCCUPATION: INDEX NUMBER:

SIGNATURE OF CLAIMANT: DATE:

PLEASE TURN OVER

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

AMOUNT:

CHEQUE NUMBER:

DATE:

PROCESSED:

NOTE: The following mortality is payable to a member on the death of:

Spouse	:	R6000
Child over 14	:	R6000
Child between ages 6 and 14	:	R3000
Child under 6 or stillborn	:	R1500
