

# 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  
Phone: 021 448-4436 Fax: 021 447-0376 Email: providentfund@furniture.org.za

## WITHDRAWAL BENEFIT CLAIM DOCUMENT

### Mandatory Information

TAX NUMBER:

I.R.P.5 NUMBER:

#### MEMBER'S PERSONAL DETAILS

SURNAME: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

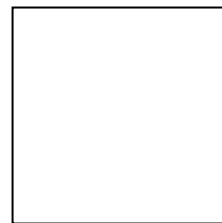
#### DECLARATION BY EMPLOYER

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 .....

Designation \_\_\_\_\_ Date \_\_\_\_\_



Office Company Stamp

## 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 recipient of the benefit.)

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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of (month) \_\_\_\_\_ (Year) \_\_\_\_\_

Member's/Beneficiary's Name (please print) \_\_\_\_\_

Identity Number \_\_\_\_\_

Member's/Beneficiary's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

LUMP SUM: \_\_\_\_\_ TOTAL: \_\_\_\_\_

TAX: \_\_\_\_\_ EFT: \_\_\_\_\_

HOUSING LOAN: \_\_\_\_\_ CHEQUE NUMBER: \_\_\_\_\_

PART PAYMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_