

**R3 000 once-off payment, *subject to 26* consecutive weekly contributions.**

**Application must be made *within 13* weeks from date of retrenchment.**

**Attach Compulsory Documentation\***

**To be returned by way of fax, e-mail, registered mail or by hand.**

**Head Office  
 Legal Department**

202 MISA Centre  
 12 Fir Drive  
 Northcliff Ext. 2  
 2195

PO Box 1604  
 Northcliff  
 2115

Tel: +27 11 476 3920/1  
 +27 11 678 6328

Fax: +27 11 388 0687

Legal@ms.org.za

Personal Details		
MISA Membership No.	Date Joined MISA	
Surname	Gender	
Full Names		
ID Number	Cell	
Postal Address		
Residential Address		
E-mail	Fax	
Bank Name	Acc No.	
Branch Code	Type Acc	
Employer Details		
Company Name		
Tel	Fax	
Street Address		
Postal Address		
E-mail		
Your occupation	Date Services Commenced	
Name of immediate manager		
Designation of immediate manager		
Previous MISA Retrenchment Benefit		
Have you previously received a MISA Retrenchment Benefit?	Yes	No
If yes, date of previous retrenchment		
Declaration by Member		
I, the undersigned, hereby apply for the benefit offered by MISA. I solemnly declare that the particulars detailed above are true and correct.		
In terms of Act 4 of 2013 (Protection of Personal Information Act): I hereby authorise MISA or its designated agent, to process my personal information (as per my membership application form) as well as to provide the necessary information of my MISA membership to MIBCO and my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA.		
		<input type="checkbox"/> *Signed Retrenchment Letter
		<input type="checkbox"/> *Certified ID
		<input type="checkbox"/> *Stamped Bank Statement
*(Certification not older than 3 months to contain signatory's: Signature, Full Names, Designation and/or area of appointment, Business Name, Business' Physical Address and/or Contact Details and Date.)		
Signature	Date	

<b>For Office use</b>			
Date Application received		Date Forwarded to Head Office	
To assist in processing approval of Retrenchment Benefit, confirmation of the circumstances and details of the member's claim are required in segment below.			
Date of last day of employment		YES	NO
Letter from employer confirming retrenchment attached?			
Has member contributed for 26 consecutive weeks?			
Circumstances and details pertaining to retrenchment fully investigated?			
Is this a bona-fide retrenchment?			
Is this the member's first claim in current year?			
Was declaration of a dispute necessary?			
If yes, was matter subsequently resolved?			
If no, has case been referred to Head Office?			
<p>I _____ (name &amp; surname) confirm that I have fully investigated this application and hereby certify it is a bona-fide retrenchment in full compliance with the objects and Rules for the MISA Contingency Account.</p> <p>Signature _____ Date _____</p>			
<b>Payment Authorisation</b>			
Date		Manager: Legal Department	
<b>Head Office Payment Confirmation</b>			
Claim No.	Amount	EFT/Cheque No.	Date