



**MOTOR INDUSTRY MATERNITY BENEFIT FUND  
FOR FEMALE UNION MEMBERS**

Mibco SSC, P O Box 2578, Randburg, 2125 Phone 011 369 7500

**Email: Saf@mibco.org.za Fax 086 647 6495**

<b>Member's Surname</b>		<b>Employee / Council Number</b>
<b>Member's Full Names</b>	<b>Member's Union Number</b>	
<b>Member's Identity Number</b>	<b>Member's contact telephone number</b>	

<b>Details of Employer</b>			
	<b>Name</b>	<b>From</b>	<b>To</b>
Present			
Previous			

<b>Period of absence due to pregnancy.</b>	<b>From</b>	<b>To</b>

<b>The member is employed and remunerated as follows:</b> (Mark the appropriate block with an X)	<b>Member works</b>		<b>Income</b>
	5 Day week		R
	6 Day week		R
	7 Day week		R
	Monthly		R

<b>Has the member been paid by the Employer for the period of absence?</b> (Mark the appropriate block with an X)	Yes	
	No	

**PAYMENT METHOD**

**CHEQUE**

**TO BE POSTED** \_\_\_\_\_

**POSTAL CODE** \_\_\_\_\_

**ELECTRONIC PAYMENT**

**NAME OF ACCOUNT HOLDER** \_\_\_\_\_

**NAME OF BANK** \_\_\_\_\_ **BRANCH CODE** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**NOTE: \*\*A CANCELLED CHEQUE, BANK STATEMENT OR PRINTOUT FROM THE BANK MUST BE ATTACHED.\*\***

We, the Employer and Employee, certify that the information as given above is correct:

Company Stamp

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Signature of Employer or accredited representative. Date Member's signature

<p><b>MEDICAL OFFICER'S CERTIFICATE</b></p> <p>The Medical Certificate must clearly state <b>the name of the patient and the period the member has been booked off due to her pregnancy</b>, and must be attached to the back of this application form.</p>
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