Registration/Nomination for SAF Death and Funeral Benefits

MISA HEAD OFFICE
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Northcliff
2115

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THE COMPLETION OF A, B & C BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR **I.D.** WILL ENSURE A SPEEDY REGISTRATION, BENEFITS EFFECTIVE FROM 1 JANUARY 2018

I, the undersigned, hereby apply to be registered:

A - PERSONAL DETAILS:

1. Surname (Mr / Mrs / Ms) _____
2. Full Names _____
3. Marital Status: Single / Married / Divorced / Widowed Maiden Surname (if applicable) _____
4. Date of Birth ____/____/____ Identity No ____|___|___|___|___|___|___|___|___|___|___|___|___|
5. Postal Address _____
   Tel _____ Cell _____
6. Personal Email _____
7. Your present Occupation _____
8. MISA Member ☐ NUMSA member ☐ Non-Union member ☐

B - EMPLOYER DETAILS:

9. Name of Company _____
10. Street Address _____
11. Postal Address _____
12. Email _____
13. Tel _____ Fax _____

C - NOMINATION OF BENEFICIARY: (For the payment of Death Benefits)

I hereby nominate Mr/Mrs/Ms (Surname) _____

Full Names _____

Marital Status: Single / Married / Divorced / Widowed I.D. No./Date of birth ____|___|___|___|___|___|___|___|___|___|___|___|___|

Cell / Tel _____ Relationship (Spouse, Son, etc.) _____

Address _____

The person to whom the death benefit shall be paid in the event of my death.

DECLARATION

I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by all rules and regulations which are in force, or may be brought into force, from time to time.

Consent in terms of Act 4 of 2013 (Protection of Personal Information Act).

I hereby consent to MISA processing my personal information (as disclosed in this form), which includes my union membership information (if applicable), for purposes of the Motor Industry Sick, Accident and Maternity Pay Fund Agreement as well as the Rules in terns hereof.

PLEASE NOTE

- It is your responsibility to notify MISA if and when any of your information changes regarding your membership. This includes your personal and company details.
- An 8 week waiting period for eligibility to any benefits applies to all Fund members from date of receipt of the first contributions by the Fund.
- Application to be made within 26 weeks from death of a member and/or his/her dependants.

Signature _____ Date _____

FOR OFFICE USE	DATE RECEIVED	REGISTRATION NO.	MEMBER TYPE	COUNCIL NO.