

NATIONAL UNION OF FURNITURE AND ALLIED WORKERS OF SOUTH AFRICA

REGISTRATION NO.LR2/6/2/89

**SOUTHERN REGION
CAPE TOWN BRANCH**

9 Maritz Street
Kemperville
Bellville
7530

P.O.Box 1543
Sanlamhof
7532



TEL : (021)-948 5872

FAX : (021)-948 4254

Mail to: info@nufawsa.org.za

MEMBERSHIP FORM

ILLHEALTH SECTION

SURNAME: MEMBERSHIP NO:.....

FIRST NAME:

DATE OF BIRTH: ID.NO. (COPY)

ADDRESS:

NAME OF COMPANY NAME: TEL:

NAME OF SPOUSE (COPY OF MARRIAGE CERTIFICATE).....

NAME OF CHILDREN (UNDER AGE OF 18 YEARS)	DATE OF BIRTH (COPY OF BIRTH CERTIFICATE)

I DECLARE THAT THE ABOVEMENTIONED PARTICULARS ARE TRUE AND CORRECT.

FUNERAL SECTION

NOMINATED BENEFICIARIES:

NOTE THAT BENEFICIARIES ARE LIMITED TO SPOUSE, BIOLOGICAL PARENTS AND CHILDREN ONLY. SPOUSE AND CHILDREN (UNDER THE AGE OF 18 YEARS) THAT IS ON THE ILLHEALTH WILL BE NOMINATED AUTOMATICALLY

1. MOTHER ID./D.O.B.....

2. FATHER ID./D.O.B.....

MEMBER'S BANKING DETAILS

NAME OF BANK BRANCH CODE

ACCOUNT NUMBER TYPE OF ACCOUNT

REQUIREMENTS

1. COMPLETE DETAILS OF MEMBER
2. COPY OF MEMBER'S IDENTITY DOCUMENT.
3. COPY OF MARRIAGE CERTIFICATE/ WIFE'S ID/ CHILDREN'S BIRTH CERTIFICATE.
4. AFFIDAVIT AND BIRTH CERTIFICATE IF CHILD'S SURNAME IS DIFFERENT FROM THAT OF MEMBER.
5. IF CHILD OLDER THAN 18 YEARS AND STILL AT SCHOOL/UNIVERSITY/COLLEGE THAN PROOF FROM THE SCHOOL/UNIVERSITY/COLLEGE IS REQUIRED.
6. MEMBER MUST SIGN THE APPLICATION FORM, IF NOT THAN THE FORM WILL BE RETURNED
7. AFFIDAVIT IF PARENTS SURNAME IS DIFFERENT FROM THAT OF MEMBER

SIGNED DATE