

Previous MISA Retrenchment Benefit
Vorige MISA Personeelvermindering-voordeel

Have you previously received a MISA Retrenchment Benefit ? **Yes / Ja**
 Het u voorheen 'n MISA Personeelvermindering-voordeel ontvang ? **No / Nee**

Date of previous retrenchment.
 Datum van vorige personeelvermindering _____

Declaration by Member / Verklaring deur Lid

I, the undersigned, hereby apply for the benefit offered by MISA.
 I solemnly declare that the particulars detailed above are true and correct.

Ek, die ondergetekende, doen hiermee aansoek om die voordele wat deur MISA aangebied word.
 Ek verklaar dat die bovermelde besonderhede in elke opsig waar en korrek is.

Signature / Handtekening _____ **Date / Datum** _____

Regional Office use only

Application Recieved	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.)

Last day of employment	YES	NO
Letter from employer confirming his/her retrenchment		
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 application in current year ?		
Was declaration of dispute necessary ?		
If yes, was matter subsequently resolved ?		
If no, has case been referred to Head Office ?		

I _____(name & surname) confirm that I have fully investigated this application and hereby certify it is a bona-fida retrenchment in full compliance with the objects and Rules of the MISA Contingency Account

Signature / Handtekening _____ **Date / Datum** _____

National Legal Advisor Payment Confirmation

Date	National Legal Advisor
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Head Office Payment Confirmation

Claim no.	Amount	EFT/Cheque Number	Date