



COVID-19 OUT OF WORK BENEFIT APPLICATION FORM

PLEASE COMPLETE ALL REQUIRED FIELDS.
IMPORTANT: I.D DOCUMENT OR PASSPORT TO BE ATTACHED TO ALL APPLICATIONS.
[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]

Head Office
4 Estcourt Avenue, Centurion, 0157
Tel: 012 338 2021 Fax: 086 433 5143
Email: admin@satu.co.za

MEMBER DETAILS

TITLE: _____ SURNAME: _____ INITIALS: _____

FIRST NAMES: _____

I.D. NUMBER / PASSPORT NUMBER: _____

MEMBERSHIP NUMBER: _____ DATE OF BIRTH: _____

CONTACT DETAILS

TEL: (H) _____ (W) _____

(CELL) _____ (E-MAIL) _____

POSTAL ADDRESS _____ POSTAL CODE: _____

CURRENT EMPLOYER: _____ JOB TITLE: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

****CHECKLIST****

1. COPY OF MEMBER I.D DOCUMENT
2. COPY OF MEMBER BANK STATEMENT (No third party details allowed)
3. LETTER FROM EMPLOYER CONFIRMING SHORT OR NON-PAYMENT OF SALARY?
4. COPY OF MEMBER'S PAYS LIP

PLEASE TAKE NOTE OF THE FOLLOWING:

To ensure that the member is in good standing with the Union in terms of the Union's Constitution, the following will be in effect and to ensure that a member's benefit claims are not impacted on in terms of the EBF Rules:

****That the following contributions are deducted from the benefit payment and only where the company is not is not effecting these deductions and paying it over on behalf of the member to TFS.****

- The Unions Contributions;
- The EBF Contributions;
- The Mortality Contributions.

Please confirm the above deduction on the declaration below:

I, _____, membership number : _____, hereby confirm that the information I have provided is correct the best of knowledge. I also undertake that the contributions listed above may be deducted from my benefit payment.

SIGNATURE: _____ DATE: _____