



**MIBCO SHARED SERVICES CENTRE
SICK, ACCIDENT AND MATERNITY PAY FUNDS
REGISTRATION FORM**

Region	Eastern Cape	Free State N/Cape	Highveld	Northern	Kwa Zulu-Natal	Western Cape
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MIBCO SSC, P O BOX 2578, RANDBURG, 2125. Telephone: 011/369-7500 Fax: 086 676 7410

I, THE UNDER MENTIONED

Surname _____

Full Names _____

Members Council Number _____

Identity Number _____ Gender

Male	Female
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Union Number _____

Home Address _____

Postal Code _____

Postal Address _____

Postal Code _____

Cell phone number _____

AND EMPLOYED AT

Employer Name _____

Employer Code (MIBCO Registration No.) _____

IN THE FOLLOWING OCCUPATION

Occupation _____

HEREBY APPLY TO BE REGISTERED AS A MEMBER OF THE MOTOR INDUSTRY SICK, ACCIDENT AND MATERNITY PAY FUNDS.

I AGREE TO ABIDE BY THE PROVISIONS OF THE FUND'S RULES.

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTION, AND IF THE ANSWER IS "YES" THEN GIVE FULL DETAILS:-

1. HAVE YOU AT ANY TIME PREVIOUSLY CONTRIBUTED TO THIS FUND IN THIS OR ANY OTHER REGION?

I SOLEMNLY AND SINCERELY DECLARE THAT ALL PARTICULARS GIVEN BY ME ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.

Employee's Signature _____

Dated _____

(Please note that for female members it is compulsory that they belong to the Maternity fund if they register with Sick and Accident.)

COPY OF IDENTITY DOCUMENT MUST BE ATTACHED TO THIS FORM