



MIBCO SHARED SERVICES CENTRE

P O BOX 2578, RANDBURG, 2125

Tel: 011 369 7500

Fax 086 676 7466

ADDITIONAL HOLIDAY PAY - CLAIM FORM

Region	Eastern Cape	Free State N/Cape	Highveld	Northern	Kwa Zulu Natal	Western Cape
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EMPLOYEE DETAILS

Employee Council No:

Surname

Full Names

Identity Number

Leave from To
D D M M Y Y Y Y D D M M Y Y Y Y

Leave Reason Mark with X

<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Left Employer	<input type="checkbox"/> Other Give Reason
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PAYMENT METHOD (Mark appropriate payment with an X)

CHEQUE PAYMENT

Postal address
Code

EFT PAYMENT

Name of Account Holder

Name of the Bank

Branch Code

Account Number

NOTE: **A CANCELLED CHEQUE, BANK STATEMENT AND OR PRINTOUT FROM THE BANK MUST BE ATTACHED.**

 Employee's Signature Date
D D M M Y Y Y Y

EMPLOYER DETAILS

Company name

Employer Code

We, the Employer certify that the information as given above is correct.

 Signature of Employer and or Accredited Employer Representative

Date
D D M M Y Y Y Y

Company Stamp