



**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

Contact telephone 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  Annual Leave  Left Employer  Other Give Reason

**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

Company Stamp

Date   
D D M M Y Y Y Y