



**MOTOR INDUSTRY MATERNITY BENEFIT FUND
FOR FEMALE UNION MEMBERS**

Mibco SSC, P O Box 2578, Randburg, 2125 Phone 011 369 7500

Email: Saf@mibco.org.za Fax 086 647 6495

Member's Surname		Employee / Council Number	
Member's Full Names		Member's Union Number	
Member's Identity Number		Member's contact telephone number	

Details of Employer			
	Name	From	To
Present			
Previous			

Period of absence due to pregnancy.	From	To

The member is employed and remunerated as follows: (Mark the appropriate block with an X)	Member works		Income
	5 Day week		R
	6 Day week		R
	7 Day week		R
	Monthly		R

Has the member been paid by the Employer for the period of absence? (Mark the appropriate block with an X)	Yes	
	No	

PAYMENT METHOD

CHEQUE

TO BE POSTED

POSTAL CODE

ELECTRONIC PAYMENT

NAME OF ACCOUNT HOLDER

NAME OF BANK

BRANCH CODE

ACCOUNT NUMBER

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

We, the Employer and Employee, certify that the information as given above is correct:

Company Stamp

Signature of Employer or accredited representative.

Date

Member's signature

MEDICAL OFFICER'S CERTIFICATE

The Medical Certificate must clearly state **the name of the patient and the period the member has been booked off due to her pregnancy**, and must be attached to the back of this application form.