



MATERNITY BENEFIT FUND FOR FEMALE MEMBERS

Email: Saf@mibco.org.za

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 DETAILS

NAME OF ACCOUNT HOLDER			
NAME OF BANK		BRANCH CODE	
ACCOUNT NUMBER			

NOTE: **BANK STATEMENT OR PRINTOUT FROM THE BANK MUST BE ATTACHED. **
 We, the Employer and Employee, certify that the information given above is correct:

/		/
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.

Company Stamp

MIBCO's Collective Agreements, Labour Relations Act 66 of 1995, requires us to process your personal information. We consider the grounds listed below to be relevant:

- That by completing these claim forms (Annual Holiday Pay, Sick and accident Claim Form and maternity claim form), you give consent to us to use your personal information in a certain way.
- Where necessary so that we can comply with the Legal Obligation to which we are subject (for example where we are obliged to share your personal information with the regulatory bodies which govern our work and services including the Funds i.e. Motor Industry Retirement Funds MIRF, that we are contracted to, which extend to MIFA as an administrator governing the investment of provident Fund monies that we collect monthly on behalf of MIRF), the FSCA, LABOUR DEPARTMENT, and MIBCO's stake holders.
- Where necessary for the performance of a contract to which we are a party, or to take steps at your request via enforcement processes. Or to take steps where there is non-compliance.
- Where it is your or someone else's vital interest (in case of emergency and your Family member as authorised in writing, needs to act on your behalf). This is to allow us to comply with POPI act 4. Of 2013, in terms of handling of personal information.

We therefore consider your privacy very important and as such please visit our website at www.mibco.org.za for further details, where you can view our Privacy Policy on how we protect and process your data.