



Good to Great Together



Registration number: LR2/6/6/1
275 Kent Avenue, Ferndale, Randburg 2125
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www.mibco.org.za

SICK LEAVE/ACCIDENT PAY CLAIM FORM

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 sickness/accident (From, To)

The member is employed and remunerated as follows: (Mark the appropriate block with an X)
Member works: 5 Day week, 6 Day week, 7 Day week, Monthly
Income: 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, the date unfit for work and the nature of illness and must be attached to the back of this application form

If the illness is an injury due to an accident, please state below the cause and place of the accident.

Company Stamp

*** Not required in terms of Clause 6.1 of the Rules in the event that a Member of is absent from work for one day only, and such day is not a Monday, Friday or any other day preceding or following a normal day off for such a member.

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:

- 1. 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.
2. 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.
3. 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.
4. 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.