

# SHORT-TIME BENEFIT



## APPLICATION FORM

MISA Head Office  
 201 MISA Centre, 12 Fir Drive  
 Northcliff Ext 2, Johannesburg, 2195  
 PO Box 1604, Northcliff, 2115  
 Legal Department  
 +27 11 476 3920 | Legal@ms.org.za

- Subject to the member having notified MISA immediately upon initial receipt of short-time notice.
- R3 000 once-off payment, to members employed on short-time (less than 23 hrs per week) for at least 8 weeks, as a result of unforeseen contingency or circumstances beyond the employer’s control.
- Subject to 26 consecutive weeks’ contributions.
- Application must be made within 13 weeks from date of being employed on 8 weeks’ short-time.
- Attach compulsory Documentation\*

| Personal Details                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| MISA Membership No.                                                                                                                                                                                                                                                                                                                                                                         |            | ID Number                                                                                                                                 |                                                       |
| Surname                                                                                                                                                                                                                                                                                                                                                                                     | Full Names |                                                                                                                                           |                                                       |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                      | Cell       |                                                                                                                                           |                                                       |
| Residential Address                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                           |                                                       |
| Bank Name                                                                                                                                                                                                                                                                                                                                                                                   |            | Acc No.                                                                                                                                   |                                                       |
| Branch Code                                                                                                                                                                                                                                                                                                                                                                                 |            | Type Acc                                                                                                                                  |                                                       |
| Employer Details                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                           |                                                       |
| Company Name                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                           |                                                       |
| Tel Number                                                                                                                                                                                                                                                                                                                                                                                  |            | E-mail                                                                                                                                    |                                                       |
| Street Address                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                           |                                                       |
| Your occupation                                                                                                                                                                                                                                                                                                                                                                             |            | Date Services Commenced                                                                                                                   |                                                       |
| Name of immediate manager                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                           |                                                       |
| Designation of immediate manager                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                           |                                                       |
| Short-time Information                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                           |                                                       |
| Date notice of short-time received from my employer                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                           |                                                       |
| Date I informed MISA of short-time                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                           |                                                       |
| Have you previously received the short-time benefit?                                                                                                                                                                                                                                                                                                                                        | YES        | NO                                                                                                                                        | If yes, give the date of previous short-time claimed. |
| <b>Declaration by Member</b>                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                           |                                                       |
| I, the undersigned, hereby apply for the benefit offered by MISA.<br>I solemnly declare that the particulars detailed above are true and correct.                                                                                                                                                                                                                                           |            |                                                                                                                                           |                                                       |
| In terms of Act 4 of 2013 (Protection of Personal Information Act):<br>I hereby authorise MISA or its designated agent, to process my personal information (as per my membership application form) as well as to provide the necessary information of my MISA membership to MIBCO and my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA. |            | <input type="checkbox"/> *Short-time Notice<br><input type="checkbox"/> *Certified ID<br><input type="checkbox"/> *Stamped Bank Statement |                                                       |
| *(Certification not older than 3 months to contain signatory’s: Signature, Full Names, Designation and/or area of appointment, Business Name, Business’ Physical Address and/or Contact Details and Date.)                                                                                                                                                                                  |            |                                                                                                                                           |                                                       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                   |            | Date                                                                                                                                      |                                                       |