

APPLICATION FORM

- R3 000 once-off payment, subject to 26 weeks' consecutive contributions.
- Application must be made within 13 weeks from date of permanent disability approval.
- Only fully completed applications will be processed.
- Only applicable to Gold and Silver members.

MISA Head Office
 201 MISA Centre, 12 Fir Drive
 Northcliff Ext 2, Johannesburg, 2195
 PO Box 1604, Northcliff, 2115
 Claims Department
 ☎ 086 099 4147 | ✉ claims@ms.org.za

Personal Details			
MISA Membership No.	Cell		
Surname	Full Names		
ID Number	E-mail		
Postal Address			
Residential Address			
Bank Name	Acc No.		
Branch Code	Type Acc		
Employer Details			
Company Name		Tel. Number	
E-mail			
Your occupation		Date Services Commenced	
Name of immediate manager		Designation of immediate manager	
Previous MISA Ill-Health/Disability Benefit			
Have you previously received this MISA Benefit?	Yes	No	If yes, date of previous claim
Compulsory Source Documentation			
Certification must be by a Commissioner of Oaths – submit original certified copies NOT OLDER THAN 6 MONTHS. (Certification to contain signatory's: Signature, Full Names, Designation and/or area of appointment, Business Name, Business' Physical Address and/or Contact Details and Date.)			
1	Confirmation by the Company confirming Ill-Health disability on Company Letterhead.	2	Certified copy of approved ill-health/disability letter from the retirement fund.
3	Certified copy of member's ID.	4	Stamped Bank Statement <u>or</u> Bank Confirmation Letter not older than 3 months.
Declaration by Member			
I solemnly declare that the particulars detailed above are true and correct.			
Signature		Date	