

Application for Extended Family Cover Benefit

The Extended Family Cover Benefit is exclusive to MISA Members.

Gold Members may apply for Extended Family Cover for up to 6 Family Members, whereas members on the Silver Membership option may only apply for 3 Family Members.

Extended Family members include:

Parents/Parents in-law

Extended Family - Brothers | Sisters | Aunts | Uncles | Nieces | Nephews | Grandparents

Immediate Family - Children over the age of 18, not registered as students.

THE COMPLETION OF THE BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR AND YOUR DEPENDENTS' ID WILL ENSURE A SPEEDY REGISTRATION

A - MISA MEMBER DETAILS

Mr/Mrs/Ms (Surname) _____ Full names _____

Marital Status: Single/Married/Divorced/Widowed _____ Maiden Surname, if applicable _____

Tel _____ Identity No. | | | | | | | | | | | | | | | | | | | | | |

Cell _____ Email _____

Home address _____

Employer name _____

Your present occupation _____

B - SILVER OPTION

R 10 000

Age Category	0 - 30	31 - 45	46 - 65	66 - 75	76 - 85	
Parent	-	R 7.85	R 8.54	R 15.69	R 33.00	Contribution Per Member Per Week
Extended Family	R 9.69	R 10.38	R 11.08	R 24.23	R 45.69	Contribution Per Member Per Week

PLEASE NOTE:

You may register up to 3 Family Members.

Kindly tick the appropriate box for each Family Member you wish to register.

FAMILY MEMBER (1)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (2)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (3)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

MOTOR INDUSTRY STAFF ASSOCIATION



THE INTELLIGENT ALTERNATIVE | WWW.MISA.ORG.ZA

(Registered under the Labour Relations Act 1995)

Please turn over.

C - GOLD OPTION

Please choose between the R 10 000 or R 15 000 cover amount for your Family member/s below.

R 10 000		Age Category	0 - 30	31 - 45	46 - 65	66 - 75	76 - 85	
<input type="checkbox"/>	Parent	-	R 7.85	R 8.54	R 15.69	R 33.00	Contribution Per Member Per Week	
	Extended Family	R 9.69	R 10.38	R 11.08	R 24.23	R 45.69	Contribution Per Member Per Week	

R 15 000		Age Category	0 - 30	31 - 45	46 - 65	66 - 75	76 - 85	
<input type="checkbox"/>	Parent	-	R 11.54	R 12.69	R 23.54	R 49.62	Contribution Per Member Per Week	
	Extended Family	R 14.54	R 15.92	R 17.08	R 36.69	R 68.54	Contribution Per Member Per Week	

PLEASE NOTE:

You may register up to 6 Family Members.

Kindly tick the appropriate box for each Family Member you wish to register.

FAMILY MEMBER (1)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (2)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (3)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (4)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (5)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

FAMILY MEMBER (6)

Parent Other

Mr/Mrs/Ms (Surname) _____

Identity No. | | | | | | | | | | | | | | | | | | | | | |

Full names _____

Cell/Tel _____

Relationship (Brother, Sister, etc.) _____

DECLARATION

I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by the Organisation’s Constitution and faithfully observe all rules and regulations which are in force, or may be brought into force, from time to time. Consent in terms of Act 4 of 2013 (Protection of Personal Information Act): I hereby authorise MISA to process my personal information (as per my application form) as well as to provide the necessary information of my MISA membership to my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA.

I, the undersigned, hereby further authorise and instruct my employer to deduct, and pay over, on a monthly basis the subscriptions payable by me to MISA or its designated agent.

PLEASE NOTE: It is your responsibility to notify MISA if and when any of your information changes. This includes your personal, company and beneficiary details. Please also ensure that MISA union fees are being deducted from your payslip monthly.

Signature _____ Date _____

FOR
OFFICE
USE
ONLY

DATE RECEIVED

DATE REGISTERED