

APPLICATION FORM

- R3 000 once-off payment, subject to 26 weeks’ consecutive contributions as at last day before maternity leave commences. Limited to one pregnancy per annum.
- Application must be made within 17 weeks from date of child’s birth.
- 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.			
Surname			
Full Names			
ID Number		Cell	
E-mail			
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 Maternity Benefit			
Have you previously received a MISA Maternity Benefit?		Yes	No
If yes, date of previous claim			
Compulsory Source Documentation			
Certification must be by a Commissioner of Oaths. (Certification not older than 6 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.)			
1	Confirmation by the Company of your last day of employment before going on maternity leave and union contributions, on a Company Letterhead.	2	Stamped Bank Statement <u>or</u> Bank Confirmation Letter not older than three months
3	Certified copy of member’s ID.	4	Certified copy of child’s Birth Certificate.
Declaration by Member			
I solemnly declare that the particulars detailed above are true and correct. I understand that I shall be exempted for only 17 weeks’ MISA Contributions per annum during maternity leave.			
Signature		Date	