

APPLICATION FORM

- A benefit of R1 000 per child, per annum shall be payable per claim for the first 1000 fully completed claims, subject to 26 week's consecutive contributions as at date of child's birth.
- 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.
- Not applicable to members who received the Maternity Benefit.

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		
Bank Name	Acc No.		
Branch Code	Type Acc		
Employer Details			
Company Name			
Tel. Number	E-mail		
Your Occupation	Date of Service Commenced		
Name of immediate manager	Designation of immediate manager		
Previous Parental Benefit			
Have you previously received a MISA Parental Benefit?	Yes	No	If yes, date of previous claim
Compulsory Source Documentation			
<ul style="list-style-type: none"> • Certification must be by a Commissioner of Oaths – submit original certified copies not older than six 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.) • Affidavits must be signed in the presence of a Commissioner of Oaths and should not be older than six months. 			
1	Certified copy of member's ID.	2	Stamped Bank Statement <u>or</u> Bank Confirmation Letter not older than three months
3	Certified copy of Birth Certificate containing member's details and/or Legal Adoption Papers of Parenthood (by Court). Should the member's details not appear on the documents the following certified documents would be required:		
a	<ul style="list-style-type: none"> • Bridged Birth Certificate • The following 3 affidavits stating member's parenthood/legal adoption (by Court), as at date of birth/adoption, from: <ul style="list-style-type: none"> – The mother of the child; – 2 additional affidavits from non-direct family members. 		
I solemnly declare that the particulars detailed above are true and correct.			
Signature of Claimant			Date