



Registration/Nomination for Death and Funeral Benefits

MISA HEAD OFFICE

201 MISA Centre
12 Fir Drive
Northcliff Ext 2
Johannesburg 2195

PO Box 1604
Northcliff
2115

CONTACT US

Call Centre: 086 099 4147
Email: info@misa.org.za
Fax: 011 388 2798

THE COMPLETION OF A, B & C BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION

I, the undersigned, hereby apply to be registered:

A - PERSONAL DETAILS:

- 1. Surname (Mr / Mrs / Ms) _____
- 2. Full Names _____
- 3. Marital Status: Single / Married / Divorced / Widowed Maiden Surname (if applicable) _____
- 5. Date of Birth ____ / ____ / ____ Identity No. ____|____|____|____|____|____|____|____|____|____
- 6. Postal Address _____
Tel _____ Cell _____
- 7. Personal Email _____
- 8. Your present Occupation _____
- 9. MISA Member NUMSA member Non-Union member

B - EMPLOYER DETAILS:

- 10. Name of Company _____
- 11. Street Address _____
Postal Address _____
Email _____
Tel _____ Fax _____

C - NOMINATION OF BENEFICIARY: (For the payment of Death Benefits)

- I hereby nominate Mr/Mrs/Ms (Surname) _____
Full Names _____
Marital Status: Single / Married / Divorced / Widowed I.D. No./Date of birth ____|____|____|____|____|____|____|____|____|____
Cell / Tel _____ Relationship (Spouse, Son, etc.) _____
Address _____

The person to whom the death benefit shall be paid in the event of my death.

DECLARATION

I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by all rules and regulations which are in force, or may be brought into force, from time to time.

PLEASE NOTE

- It is your responsibility to notify MISA if and when any of your information changes regarding your membership. This includes your personal and company details.
- An 8 week waiting period for eligibility to any benefits applies to all Fund members from date of receipt of the first contributions by the Fund.
- Application to be made within 26 weeks from death of a member and/or his/her dependants.

Signature _____ Date _____

FOR OFFICE USE

DATE RECEIVED	FIRST CONTRIBUTION DATE	DATE REGISTERED	COUNCIL NO.
---------------	-------------------------	-----------------	-------------