

BCMT

BARGAINING COUNCIL FOR THE MEAT TRADE GAUTENG
(LR2/6/6/136)

EMPLOYEE REGISTRATION FORM

In terms of the Protection of Personal Information Act 4 of 2013, the Bargaining Council and Funds are committed to protecting individual privacy & recognizes their responsibility to comply with statutory requirements in collecting, processing, and distributing personal information. Your information is collected to comply with the clauses of the Collective Agreement and is stored on secure servers. Upon signature, the employee consents to the processing of personal information. In terms of Section 18 of said Act, the Council and Funds hereby inform the employee any information collected will only be shared with third parties who are POPI compliant.

REGISTRATION NO

EMPLOYEE DETAILS

SURNAME										
FIRST NAMES										
I D NO										
DATE OF BIRTH										
POSTAL ADDRESS										
INCOME TAX REFERENCE NO										
CELL NO								GENDER		
EMAIL								MARITAL STATUS		
DEPENDANTS										
FIRST NAME	DATE OF BIRTH				RELATIONSHIP					
EMPLOYEE'S SIGNATURE										

EMPLOYMENT DETAILS

NAME OF BUSINESS			
TEL NO		JOB CATEGORY	
DATE EMPLOYED		RATE OF PAY	
EMPLOYER'S SIGNATURE			

REGISTERED FOR:	Pension	Provident	Sick Benefit Fund			Funeral	Union
			Sick Fund Only	Sick Fund + Hospital Plan	+ Dependants		

INSPECTOR'S NAME		RECEIVED DATE	
PROCESS DATE		PROCESSED BY	

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(LR2/6/6/136)

MEAT TRADE PROVIDENT FUND/ MEAT TRADE PENSION FUND DEATH BENEFICIARY NOMINATION

-	This form is to be completed by the Member and retained by the Bargaining Council for Meat Trade Gauteng.
-	A new form is required to be completed as soon as a change in the Member's circumstances takes place, for example on marriage, or on the death of a Dependant or Nominated Beneficiary, etc.
-	If the spaces provided on this form are insufficient, then additional information, which is to be signed by the member, may be attached to this form.

Member Name	
Fund Membership number	

DEPENDANTS / NOMINATED BENEFICIARIES

I understand that on my death, my spouse, children and any other person financially dependent on me, may be considered by the Trustees managing the affairs of the Fund as recipients of benefits payable by the Fund. These persons are classed as my DEPENDANTS and I list them below:-

Full Name	Date of Birth	Relationship	% degree of dependency	Address & Telephone number

Should your dependants still be minors the benefit could be paid to a family member, or a nominated guardian, or transferred into a Beneficiary Fund paid on a monthly basis to the family member or nominated guardian for the upkeep of your minor dependants, should you pass away. On electing the person you must ensure you can trust them concerning the wellbeing of your children.

Full Name	Date of Birth	Relationship	Address & Telephone number

I wish to provide below, details of other factors which may influence the Trustee's considerations, for example, how the benefits should be paid, such as in lump sum form or transferred into a Beneficiary Fund.

Signature of Member	Date
Signature of Witness.....	Date
(the witness should not be a DEPENDANT or NOMINATED BENEFICIARY)	