

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

Private Bag X3060, Randburg, 2125
Tel : (011) 646 0290
Email: bcmt@wadavidson.co.za

72A Oxford Road, Riviera, 2193
Fax : (011) 646 3566 / 086 274 3256
Website : www.bcmt.co.za

DEATH CLAIM

On application for a death claim the Bargaining Council for Meat Trade (Gauteng) requires the family to personally attend an informal meeting at the above address. All required documentation should be the originals or certified as a true copy of the original.

MINIMUM REQUIREMENTS TO BE SUBMITTED WITH AN APPLICATION FOR DEATH CLAIM

- Birth Certificates of children and dependants (see definition of dependants below) - CERTIFIED
- Identity Document of deceased - CERTIFIED
- Death Certificate - CERTIFIED
- Marriage Certificate or Certificate of Customary Union if applicable - CERTIFIED
- Identity document of wife if married CERTIFIED
- Bank statement of legal guardian of the children
- Proof of legal guardian
- Completed Death Notification
- Letter from Undertaker
- Bank Statements from Beneficiaries

Definition of a Dependant:-

- (a) a person in respect of whom the member is legally liable for maintenance;
- (b) a person in respect of whom the member is not legally liable for maintenance, if such person:-
 - (i) was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
 - (ii) is the spouse of the member, including a party to a customary union according to Black law and custom or to a union recognized as a marriage under the tenets of any Asiatic religion;
 - (iii) is the child of the member, including a posthumous child, and adopted child and an illegitimate child.
- (c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

PLEASE NOTE: The above requirements are only a guideline and additional documentation may be required solely at the discretion of the trustees of the fund.

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

Private Bag X3060, Randburg, 2125
Tel : (011) 646 0290
Email: bcmt@wadavidson.co.za

72A Oxford Road, Riviera, 2193
Fax : (011) 646 3566 / 086 274 3256
Website : www.bcmt.co.za

DEATH NOTIFICATION

1. WITHDRAWAL PARTICULARS – ONLY AREAS MARKED WITH AN * MUST BE COMPLETED BY MEMBER

Name of Fund:	<input type="text" value="MEAT TRADE PENSION FUND"/>	Member No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Member's full name:	<input type="text" value="*"/>	Employer:	<input type="text" value="*"/>											
Postal Address:	<input type="text" value="*"/>						Tel No:	<input type="text" value="*"/>						
Date of withdrawal:	(dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date joined fund:	(dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last contribution for month of:*	_____						Fund Number:	<input type="text" value="7/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. MEMBER PARTICULARS – TO BE COMPLETED IN FULL

Total member contributions deducted to date of leaving employment:	<input type="text" value="R"/>	Member's monthly pensionable salary at date of withdrawal:	<input type="text" value="R"/>
Tax Reference No:*	<input type="text"/>	I.D. Number:*	<input type="text"/>
Revenue office to which last tax return was rendered: * _____			
Member's residential address:* _____			

3. WITHDRAWAL BENEFITS

3.1 Are there any outstanding loans for this member?	<input type="text" value="Yes"/>	<input type="text" value="No"/>
If 'Yes', give details: _____		

4. FUND TRUSTEE'S AUTHORISATION/MEMBER'S SIGNATURE

1. By direct deposit into the following account:- Name of Bank:* _____ Branch: _____ Account No.: _____ Branch Number: _____ Type of Account: _____ (A cancelled cheque or copy of account statement must be attached for verification purposes)
2. A crossed cheque at the following address: _____ Member's signature: * _____ Date:* _____ Trustee Authorised Signatory/ies: _____ Date: _____