

BARGAINING COUNCIL FOR THE MEAT TRADE GAUTENG

(LR2/6/6/136)

Private Bag X3060
Randburg, 2125
Tel : (011) 646 0290
Fax : (011) 646 3566

72A Oxford Road
Riviera
2193

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.

IMPORTANT:

The Meat Trade Provident Fund is committed to combating the spread of the Coronavirus and in light thereof, request that all claim forms and supporting documents be emailed to Paul at paul@wadavidson.co.za or Thapelo at thapelo@wadavidson.co.za or fax to either (011) 646 3566 or 086 274 3256.

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Private Bag X3060, Randburg, 2125
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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. DECEASED PERSONAL INFORMATION

Name of Fund:	<input type="text" value="MEAT TRADE PROVIDENT FUND"/>	Employer:	<input type="text"/>
Member's full name:	<input type="text"/>	Contact no:	<input type="text"/>
Postal address:	<input type="text"/>		
Residential address:	<input type="text"/>		
Tax reference no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I.D. number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. CLAIMANT INFORMATION

Claimant name:	<input type="text"/>	Claimant contact no/s:	<input type="text"/>
Claimant email:	<input type="text"/>		
Claimant signature:	<input type="text"/>	Date:	<input type="text"/>

3. FOR OFFICE USE ONLY

Member no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fund no:	<input type="text" value="7"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of withdrawal:	<input type="text" value="(dd/mm/yy)"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date joined fund:	<input type="text" value="(dd/mm/yy)"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Last contribution for month of:				
Processed by:	_____		Date:	_____
Signature:	_____			