

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

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

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

MEAT TRADE PROVIDENT FUND

WITHDRAWAL REQUIREMENTS

The following must be emailed or faxed with your completed withdrawal form:

- Copy of Identity Document or Passport
- Original Bank Statement – Must be of your personal banking account, third party accounts will not be accepted.
- Letter from current employer confirming employment / If unemployed an affidavit confirming unemployment / Retrenchment letter
- SARS Income Tax Reference Number

Please Note:

If the employment termination is due to dismissal or resignation, a member may only make application to withdraw 3 months after the employment termination date.

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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WITHDRAWAL NOTIFICATION

1. 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"/>	Cell 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"/>	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"/>
		Passport 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"/> <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. WITHDRAWAL OPTION

 DISMISSAL RESIGNATION RETRENCHMENT RETIREMENT DISABILITY TRANSFER

Bank Details:-

Bank:	<input type="text"/>	Code:	<input type="text"/>	Branch:	<input type="text"/>
Account no:	<input type="text"/>	Type:	<input type="text"/>	Account Holder:	<input type="text"/>

Member signature:	<input type="text"/>	Date:	<input type="text"/>
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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"/>	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/yyyy)"/> <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/yyyy)"/> <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:	<input type="text" value="(dd/mm/yyyy)"/> <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"/>		
Processed by:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>		