

MATERNITY BENEFIT APPLICATION

Please note!!! All claims must be submitted within twelve (12) months of the occurrence - [NO EXCEPTIONS WILL BE MADE]

[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]

MEMBER'S DETAILS:				
Name and Surname:				
Pension no:	SAP r	าด:		
Date of Birth:	ID. No	D:		
Address:				
Contact numbers: Work)	Home) Cell)	
E-mail:				
OPERATING DIVISION: (MA	RK WITH X)			
PRASA - Metrorail	Transnet Port Terminals (TPT)	Transnet Freight Rail (TFR)	Bombela	
PRASA - MLPS	Transnet National Ports Authority (TNPA)	Transnet Properties	Bombardier	
PRASA - CRES	Transnet Capital Projects (TCP)	Transnet Corporate	Mega Express	
PRASA - Technical	Transnet Engineering (TE)	Transnet Pipelines (TPL)	OTHER	
BABY'S DETAILS:				
Baby's name:	Baby's da	ate of birth :		
BANKING DETAILS:	·			
	Branch:			
	Branch c			
	Janon e			
Signature				
Oigilatule	Date			

PLEASE SUBMIT COMPLETED FORM AND RELEVANT DOCUMENTS TO:

The General Secretary, P.O. Box 31100, Braamfontein 2017; Fax: 011 728 8258 or Internal Fax: 011 773 7920; E-mail: headoffice @untu.co.za

Attach clear certified copies of the following documents:

- / Members' ID
- √ Baby's birth certificate
- ✓ Proof of banking details (e.g. paysheet or bank statement)