



## MATERNITY BENEFIT APPLICATION FORM

**Return to:** The General Secretary, P.O. Box 31100, Braamfontein, 2017  
**Fax:** 011 728 8257/8 or **Internal Fax:** 011 773 7920; **E-mail:** [headoffice@utatusarwhu.com](mailto:headoffice@utatusarwhu.com)

**[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]**

**MEMBER'S DETAILS:**

Name and Surname: .....

Pension no: ..... SAP no: .....

Date of Birth: ..... ID. No: .....

Address: .....

.....

Contact numbers: Work)..... Home)..... Cell).....

E-mail: .....

**OPERATING DIVISION: (MARK WITH X)**

Transnet Freight Rail (TFR)		Transnet National Port Authority (TNPA)		Transnet Corporate	
Transnet Rail Engineering (TRE)		Transnet Port Terminals (TPT)		PRASA	
Transnet Pipelines (TPL)		Transnet Capital Projects (TCP)		Other: please specify	

**BABY'S DETAILS:**

Baby's name: ..... Baby's date of birth : .....

**BANKING DETAILS:**

Bank: ..... Branch: .....

Account no: ..... Branch code: .....

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**Signature****Date**

**NB: Please attach certified copies of the following documents:**

- + Member's ID
- + Baby's birth certificate
- + Proof of banking details  
(e.g. paysheet or bank statement)