



A.8

Ver. 06/11

ANNEXURE A.8
NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY
APPLICATION FOR SICK LEAVE BENEFIT

31 De Korte Street
Braamfontein, Johannesburg, 2001
Tel. No. (011) 703-7000 / Fax No. (011) 339-1380

Private Bag X69
Braamfontein, 2017
E-mail: payouts@nbcrfi.co.za
Website: www.nbcrfi.org.za

1. Full names of employee
2. Identity No.
3. Clock No.
4. Computer No.
5. Period of absence from work to Inclusive
6. Period of absence by doctor as per sick note to Inclusive
7. Did injury occur on duty? Yes
- No

If to be paid directly into bank account in employee's own name, please supply details:

Bank Name	<input type="text"/>		
Type of Account	Current <input type="checkbox"/> 1	Savings <input type="checkbox"/> 2	Transmission <input type="checkbox"/> 3
Branch Name	<input type="text"/>		
Branch Code	<input type="text"/>	Account No.	<input type="text"/>

I / We certify that the above mentioned details are true and correct.

Date

Place

Signature

N.B

Original doctor's note **must** be attached to this application.

Stamp of Company