



Retrenchment Benefit Claim Form

LegalWise Building Cnr 2nd Avenue & Goldman Street Florida 1709
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memberadmin@legalwise.co.za www.legalwise.co.za

NB. Please attach a certified copy of the main Member's official retrenchment letter issued by the Employer.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Main Member's Personal Details

Membership No

Surname Title

First Name/s

ID No Date of Birth

Tel No Tel Mobile

2. Employer's Details

Name of Employer

Occupation

Address

Postal Code

Tel No Tel Mobile

Date of Retrenchment

Main Member's Signature

Date