

Head Office P O Box 78756, Sandton, 2146 113 Katherine Street, Sandown Tel: (011) 520-0000 Fax: (011) 520-0001	<input type="checkbox"/> Durban P O Box 2183, Durban, 4000 4th Floor, Victoria Mainie, 71 Margaret Mncadi Avenue, Durban, 4001 Tel: (031) 366-7700 Fax: (031) 304-2418	<input type="checkbox"/> Port Elizabeth P O Box 27135, Greenacres, Port Elizabeth, 6057 70 - 2nd Avenue, Newton Park, Port Elizabeth, 6045 Tel: (041) 391-5200 Fax: (041) 391-5230	<input type="checkbox"/> Cape Town 12th Floor 1 Thibault Square Thibault Square Cape Town, 8001 Tel: (021) 403-9200 Fax: (021) 421-3599
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REMITTANCE ADVICE

Name of Scheme: _____ Scheme: _____
 Section (Cost centre/division): _____ Branch: _____
 Month Ending: _____
 Payroll (as defined in the Rules): Actual: _____ Basic: _____ Risk: _____
 Total number of Members: _____

CONTRIBUTION

1) Member

Member to Retirement Funding (_____ %) _____
 Member to Risk Benefits/Expenses (_____ %) _____
 ± Under/Overpayment i.r.o. Member to Retirement Funding _____
 Member to Risk/Expenses _____

2) Employer

Employer to Retirement Funding (_____ %) _____
 Employer to Risk Benefits/Expenses (_____ %) _____
 Employer to Funeral Premiums
 (Total number of Members _____ x R _____ per Member) _____
 ± Under/Overpayment i.r.o. Employer to Retirement Funding _____
 Employer to Risk/Expenses _____
 Employer to Funeral Expenses _____

3) Additional Voluntary Contributions

4) Contributions i.r.o. members not included in payroll

	Payroll	_____
PHI Members Only	Number of Members	_____
	Risk/Expenses	_____
	Payroll	_____
GLA Members Only	Number of Members	_____
	Risk/Expenses	_____

Grand Total

NB: Please ensure that the Cheque is made payable to the scheme and deposited into the scheme's bank account. Attach a copy of the deposit slip as proof of payment.

Employer Declaration:

Employer's Stamp

Signature: _____
 Designation: _____
 Date: _____

