REMITTANCE ADVICE

Name of Fund		PF	
		SARS	
Name of Employer			
Name of Section/ Cost centre			
Reconciliation Statement For Month Ended			
Prepared By (Full Name):			
Signature	Company Stamp (Including Address)		
Date			

PART J: CONTRIBUTIONS CALCULATION					
1. Total Normal Contributions Collected From Members This Month (Attach Member Contribution Deduction Listing)			%	R	
2. Total Of Member Sundry Adjustments (Refer Part I)			%	R	
Total Normal Contributions Collected From The Company This Month	- Contributory		%	R	
	- Non-Contributory		%	R	
5. Total Other Contributions (Please Specify)			%	R	
6. Total Voluntary Contributions Collected From Members This Month (Refer 9 Below)			%	R	
7. Cheque Attached / Direct Deposit: - Made Payable To The Fund:			%	R	

8. Weekly Paid Members		9. Voluntary Member Contributions		
8.1 Number Of Pay Weeks This Month		Name Of Member	Amount	
8.2 Deviations			R	
Name Of Member	Number of Pay Weeks		R	
			R	
			R	
			R	
			R	
		Total	R	

PART A: NEW MEMBERS

Company Number	Surname & Initials	Date of Birth	Sex	Marital Status	Date Joined Company	Date Joined Fund	Annual Salary/ Wage	Member Contribution		Remarks
								Monthly	Weekly	

PART B: REINSTATED MEMBERS (E.G. RETURNED FROM UNPAID MATERNITY LEAVE, RETURNED FROM UNPAID ANNUAL LEAVE, ETC.)

Company Number	Surname & Initials	Date Reinstated	Annual Salary/ Wage	Member Contribution		Reason/Remarks
				Monthly	Weekly	

PART C: TRANSFERS IN

Company Number	Surname & Initials	Date of Transfer	Section/Cost Centre Transferred from	Annual Salary/ Wage	Member Contribution		Remarks
					Monthly	Weekly	

PART D: EXITED MEMBERS (PLEASE SUBMIT WITHDRAWAL, DEATH OR RETIREMENT FORMS, AS APPROPRIATE)

Company Number	Surname & Initials	Date of Exit	Reason for Exit (e.g. Resignation, Death, etc)	Tax Number (If applicable)	Identity Number	Remarks

PART E: SUSPENDED MEMBERS (E.G. UNPAID MATERNITY LEAVE, UNPAID ANNUAL LEAVE, ETC.)

Company Number	Surname & Initials	Date Suspended	Reason/ Remarks	Date Expected to be Reinstated

PART F: TRANSFERS OUT

Company Number	Surname & initials	Date of Transfer	Section/ Cost Centre Transferred to	Remarks

PART G: SALARY / WAGE CHANGES (OR ATTACH A COMPUTER LISTING IF APPLICABLE)

Company number	Surname & Initials	Date of Change	New Annual Salary/ Wage	Company Number	Surname & Initials	Date of Change	New Annual Salary/ Wage

PART H: NAME AND / OR COMPANY NUMBER CHANGES

Old Company Number	Old Surname & Initials	New Company Number	New Surname & Initials

PART I: SUNDRY ADJUSTMENTS (CORRECTIONS TO EARLIER PAYMENTS)

Old company number	Surname & Initials	Contributions (Over)/ Under Paid				Remarks
		Member		Company		
		R		R		
		R		R		
		R		R		
		R		R		
	TOTALS	R		R		