



# MIBCO - SHARED SERVICES CENTRE

## MONTHLY RETURN - AMENDMENT FORM

FOR PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ No. OF WEEKS: \_\_\_\_\_  
(RETURN PERIOD)

EMPLOYER No.: \_\_\_\_\_ TEL. No.: \_\_\_\_\_ FAX. No.: \_\_\_\_\_

Tran. Type (E, T, BD, BA, RCO, RCN)																		
REASONS FOR TERMINATION																		
1: Resignation      5: Retrenchment 2: Retirement      6: Dismissal (Disciplinary) 3: Early Retirement   7: Company closure 4: Ill Health        8: Death 9: Absconded		<i>Please indicate No. 1-9</i>	<i>Please indicate No. 1-9</i>	<i>Please indicate No. 1-9</i>	<i>Please indicate No. 1-9</i>													
Employee Council No.																		
Surname & Initials																		
Sex (M / F)																		
I.D. Number																		
(Date of Birth if no I.D.)																		
Engagement or Termination or Rate Change Date (Y-M-D)																		
Union No. or Journeymen I.D. No.																		
Occupation Code																		
Salary per Week																		
Commission per Week																		
Period For Which Contributions	From																	
Should / Should Not Be Paid	To																	
Reason For Absence i.e. Sick, Awol etc.																		
* Council Levies																		
Union	MISA/SAMU																	
* Fees	NUMSA																	
* Sick Accident & Maternity Pay Fund																		
PROVIDENT FUND	AUTO WORKERS	Rand																
	MOTOR INDUSTRY	Rand																
ADDITIONAL HOLIDAY PAY	Apprentice 4 Years	Year	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
		Rand																
	Apprentice 3 Years	Year	1	2	3	1	2	3	1	2	3	1	2	3				
		Rand																
	Exempt & BA J/Men (Grade 7)																	
	Journeymen (Grade 8)																	
Total Rand Value Of Contributions Per Week (Total of all *)																		
No. of weeks (Contribution Period)																		
Total Rand Value Of Contributions for the Period (Total * x No. of weeks)		-				-				-			-					