MIBCO - SHARED SERVICES CENTRE

P O BOX 2578, RANDBURG,2125 Telephone: 011 / 369-7500

Facsimile numbers:

Eastern & Western Cape Employers	086 673 6265
Free State / Northern Cape Employers	086 681 7408
Highveld / Northern Employers	086 673 3176
Kwa Zulu Natal Employers	086 681 7408

MONTHLY RETURN RECONCILIATION

EMPLOYER NAME : _____ EMPLOYER CODE: _____

ADDRESS : _____

TELEPHONE : _____ FAX : _____

EMPLOYER EMAIL ADDRESS: _____

RETURN FOR THE PERIOD : FROM: _____ TO : _____

NO. OF WEEKS : _____

SUMMARY

TOTAL PER CONTRIBUTION FORECAST		**R**
ADD	ENGAGEMENTS	**R**
	BREAKS PAID IN	**R**
	RATE CHANGES (NEW)	**R**
	SUB TOTAL	**R**
DEDUCT	DISCHARGES	**R**
	BREAKS IN CONTRIBUTIONS	**R**
	RATE CHANGES (OLD)	**R**
	RETURN PAYMENT	**R**

Number of Contribution Amendment Forms attached: _____

Return compiled by:

_____ _____ _____

PRINT - Initials and Surname Signature Date

I hereby certify that I have carefully checked the computer forecast sent to me by the Council for the above period and that with the exceptions list, this Monthly Reconciliation compiled by the above mentioned person is a correct reflection of ALL of my current employees and the contributions payable to the Motor Industry Bargaining Council.

Employer or
Employer Representative

_____ _____ _____

PRINT - Initials and Surname Signature Date

NOTE: **CHEQUE PAYMENTS: PAYEE MUST READ - MOTOR INDUSTRY BARGAINING COUNCIL**

ALL DEPOSITS: Your EMPLOYER CODE must REFLECT as the reference when paying directly into the STANDARD BANK account - either electronically or over the counter.

Regional Office (Mark with an X)		Account Name	Branch Code	Account Number
Eastern Cape Region		Mibco - Eastern Cape	018 005	023 135 646
Free State and Northern Cape Region		Mibco - Free State	018 005	023 135 913
Highveld Region		Mibco - Highveld	018 005	023 135 360
Natal Region		Mibco - Kwa Zulu Natal	018 005	023 135 530
Northern Region		Mibco - Northern	018 005	023 135 387
Western Cape Region		Mibco - Western Province	018 005	023 135 689

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		*Please indicate No. 1- 9*	*Please indicate No. 1- 9*	*Please indicate No. 1- 9*	*Please indicate No. 1- 9*
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)		-	-	-	-

MIBCO Motor Industry Bargaining Council

MIBCO - SHARED SERVICES CENTRE

BULK CONTRIBUTION CHANGES

EMPLOYER NAME: _____ **EMPLOYER NUMBER:** _____

EMPLOYER ADDRESS: _____

PROVIDENT FUND CONTRIBUTION ☐

EMPLOYER EMAIL ADDRESS: _____

PERIOD: _____ **NUMSA CONTRIBUTION** ☐

EMPLOYEE NUMBER	EMPLOYEE NAME	INIT	PERIOD FROM	PERIOD TO	NO. OF WEEKS	OLD CONTRIBUTION PER WEEK	OLD CONTRIBUTION TOTAL	NEW CONTRIBUTION (per week) BASIC EARNINGS	COMMISSION	PER WEEK	TOTAL
COMPILED BY:				**TOTAL OLD**					**TOTAL NEW**		