

MIBCO - SHARED SERVICES CENTRE MONTHLY RETURN - AMENDMENT FORM

		FOR PERIOD:	T	· o
MPLOYER NAME:				No. OF WEEKS: (RETURN PERIOD)
MPLOYER No.:	TEL. No. :		FAX. No. :	
ran. Type (E, T, BD, BA, RCO, RCN)				
REASONS FOR TERMINATION Resignation 5: Retrenchment Retirement 6: Dismissal (Disciplinary) Early Retirement 7: Company closure Early Retirement 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)				
D. Number				
Date of Birth if no I.D.)				
ingagement or Termination or				
Rate Change Date (Y-M-D)				
Jnion No. or Journeymen I.D. No.				
Occupation Code	1			
Salary per Week				
Commission per Week				
Period For Which Contributions From	n			
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				
AUTO WORKERS Rand MOTOR INDUSTRY Rand				
Kand				
Year	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Apprentice 4 Years Rand				
Year	1 2 3	1 2 3	1 2 3	1 2 3
Apprentice 3 Years Rand				
Apprentice 3 Years Rand Exempt & BA J/Men (Grade 7)	+			
Journeymen (Grade 8)				
otal Rand Value Of Contributions				
Per Week (Total of all *)				
lo. of weeks (Contribution Period)	†			
otal Rand Value Of Contributions	+			
Can raina value of Contributions				