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	PERIOD		NO. OF WEEKS	OLD CONTRIBUTION		NEW CONTRIBUTION (per week)			
		FROM	TO		PER WEEK	TOTAL	BASIC EARNINGS	COMMISSION	PER WEEK	TOTAL
COMPILED BY:				TOTAL OLD		-		TOTAL NEW		-