Registration number: LR2/6/6/1
275 Kent Avenue, Ferndale, Randburg 2125
PO Box 2578, Randburg
+27 (0) 861 664 226
www.mibco.org.za

Dated: **20 NOVEMBER 2025**

Circular Number: **2025/00031**

To: **EMPLOYERS**

Notice: **INSTRUCTION GUIDE TO EXEMPTED EMPLOYERS**

INSTRUCTION GUIDE FOR EMPLOYERS

Completing the *MIBCO Exemption Confirmatory Affidavit*

(For Employers contributing to an alternate fund in accordance with Circular No: 2025/00018 who have been granted an exemption)

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1. PURPOSE OF THIS AFFIDAVIT

This affidavit confirms that your organisation has:

- Been granted an exemption from contributing to the MIBCO Industry Funds (Auto Workers' Provident Fund and Motor Industry Provident Fund) under the previous MIBCO Collective Agreement; and
- Continues to contribute to an alternate retirement or provident fund that offers benefits not less favourable than those provided by the Industry Funds.

This affidavit must be completed, signed, and submitted to MIBCO to maintain your exemption until **30 August 2028**, or until such date stated in the new Collective Agreements when published.

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2. GENERAL COMPLETION GUIDELINES

- The affidavit must be under the MIBCO letterhead (as indicated).
- All sections are mandatory unless otherwise stated.
- Information must be typed or written clearly in black ink.
- Do not leave any fields blank. If a section does not apply, write "N/A".
- The affidavit must be signed before a Commissioner of Oaths.

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3. SECTION-BY-SECTION INSTRUCTIONS

Section 1: Employer Details

Provide complete details of the employer and the person completing the affidavit ("the deponent").

Field	Instructions
Full Name of Deponent	Enter the full name of the person completing the affidavit (e.g., John Peter Smith).
Identity Number	Enter the South African ID number of the deponent.
Designation/Capacity	Indicate your position in the company (e.g., Owner, Director, HR Manager).
Employer Name	Enter the full registered name of the company.
MIBCO Registration Number	Provide your MIBCO registration number (as issued by MIBCO).
Physical Address	Enter the company's physical location.
Postal Address	Complete only if different from the physical address.
Contact Number	Provide a telephone or mobile number where you can be reached.
Email Address	Enter a valid business email address.

Section 2: Statement Under Oath

2.1 Alternate Fund Participation

- Insert date until which exemption is granted.
- Insert Licence number as per exemption certificate.
- Fill in the name of the alternate fund to which you are currently contributing (e.g., XYZ Provident Fund).
- Confirm that your company continues to contribute to this alternate fund.
- Fill in any changes applicable to the alternative fund in respect of benefits or contributions in the table provided.

2.2 MIBCO Industry Fund Contributions and Benefits

- This section outlines the standard MIBCO fund contributions and benefits for your reference.
- This section serves to confirm that you fully acknowledge the current benefits and contributions provided for by the MIBCO industry funds.
- Ensure you understand and agree that the alternate fund's benefits are not less favourable than those of the MIBCO Industry Funds.
- You do not need to change or add information here.

- Read carefully to ensure your alternate fund's contributions and benefits meet or exceed these standards.

2.3 Actuarial Confirmation

- Insert the name of the alternative fund.
- Attach an official letter (Annexure "A") from your fund's actuaries confirming that:
    - Your company contributes to the specified alternate fund; and
    - The Fund is registered and compliant.
    - The benefits and contributions are not less favourable than MIBCO's.

This letter must be on the actuary's official letterhead and signed.

2.4 Special Rules

- Insert the name of the alternative fund.
- Attach a copy of your fund's registered special rules as Annexure "B".
- These are usually obtained from your fund administrator or HR department.

2.5 Special Conditions

- This section serves to confirm that your Exemption is valid only while your alternate fund benefits remain equal or superior to MIBCO Industry Funds.
- MIBCO can audit or revoke the exemption if benefits are reduced.
- You acknowledge that employees not eligible for the alternate fund must join the Industry Fund if compulsory.
- You confirm understanding of these conditions in the affidavit.
- You undertake to maintain records of fund benefits, changes, and employee eligibility to demonstrate compliance.

Section 3: Declaration

- Fill in:
    - The name of the alternate fund again.
    - Your full name, designation, signature, date, and place of signing.
- Do not sign this section until you are in the presence of the Commissioner of Oaths.

Section 4: Commissioner of Oaths

- This section must be completed by an authorised Commissioner of Oaths (e.g., police officer, attorney,).
- The Commissioner must:
    - Sign and stamp the affidavit.
    - Print their full name, designation, and office address; and
    - Date the affidavit after administering the oath.

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4. REQUIRED SUPPORTING DOCUMENTS

Before submission, ensure that you attach the following to your affidavit:

1. **Annexure "A"** – Actuarial confirmation letter (signed by fund actuary).
2. **Annexure "B"** – Special rules of the alternate fund.

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5. SUBMISSION INSTRUCTIONS

- Submit the completed and commissioned affidavit together with attachments to MIBCO as directed in Circular No: 2025/00018.
- Submissions must be sent to the email address of the Legal Officer for your Region as stated below.
- Keep a copy for your records.
- If submitting electronically, scan the full, signed document (including annexures) into a single PDF file.

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6. CONTACT INFORMATION

For any clarification, contact your regional MIBCO office or email **exemptions@mibco.org.za**.

Checklist Before Submission

Requirement	Completed
Section 1- Employer Details	☐
Section 2-Statement under oath acknowledging sections 2.1,2.2,2.3,2.4,2.5	☐
Section 3- Declaration	☐
Deponent signed in presence of Commissioner	☐
Section 4-Commissioner of Oaths	☐
Annexure “A” attached	☐
Annexure “B” attached	☐

7. SUBMISSION EMAIL ADDRESSES

Highveld: Ndzumbululo.Mukwevho@mibco.org.za, Loabilwe.Kau@mibco.org.za, Ndalamo.Tharage-Mongwe@mibco.org.za.

Northern: Tumelo.Lebeloane@mibco.org.za, Willem.Koekemoer@mibco.org.za.

Kwa Zulu Natal: Siphelele.Klaas@mibco.org.za, Sindisiwe.Vilakazi@mibco.org.za.

Free State and Northern Cape: Benita.Richards@mibco.org.za.

Eastern Cape: Jodileigh.Erasmus@mibco.org.za.

Western Cape: Mehmood.Parker@mibco.org.za.

MIBCO EXEMPTION CONFIRMATORY AFFIDAVIT

To be completed and submitted by Employers who have been granted exemption under the previous MIBCO Collective Agreements having expired on 31 August 2025 and who are contributing to an alternate fund in accordance with Circular No: 2025/00018. This Confirmatory Affidavit must be received by MIBCO by no later than 27 February 2026.

1. EMPLOYER DETAILS

1.1. Information to be completed by Employer

Full Name of Deponent: _____

Identity Number: _____

Designation/Capacity: _____

Employer Name: _____

MIBCO Registration number: _____

Physical Address: _____

Postal Address (if different): _____

Contact Number: _____

Email Address: _____

2. STATEMENT UNDER OATH

I, _____ **(full name/s and surname/s)** the undersigned, with identity number_____ in my capacity as the owner/director of _____ (**company name)** do hereby make oath and state the following:

2.1. Alternate Fund Participation

2.1.1. I declare that in in accordance with the provisions of **Clause 8 of the Motor Industry Main Collective Agreement as amended and extended and/or Gazette 48340 of 31 March 2023, Notice no. R3226 as currently amended and extended from time to time; and in terms of Clause 10 of the Auto Workers Provident Fund Collective Agreement**, I have been granted exempted from contributing to one or both of the above Industry Funds, until _____

_____(as evident in my certificate of exemption under **LICENCE OF EXEMPTION NO _____: (Insert License Number**).

2.1.2. Exemption was granted on the basis that, I was contributing to an alternate Fund acceptable to MIBCO in terms of specific criteria and as such exempted from contributing to the Industry Funds.

2.1.3. I understand that new Collective Agreements are in the process of being concluded, published and extended to non-parties by the Minister of Employment and Labour and exemption will need to be granted in terms of those Collective Agreements and such application is being made through the submission of this confirmatory affidavit.

2.1.4. I declare and confirm that I am still currently contributing to an alternative fund, being:
Name of alternate Fund:
_____and that this fund is duly registered and verified with the Financial Sector Conduct Authority (FSCA).

2.1.5. I confirm that the benefits provided by the alternate Fund have not been amended in such a manner as to cause them to diminish or reduce to such an extent that in the opinion of the Council they are less favourable than the benefits provided by the Industry Funds.

2.1.6. I have verified that the said Fund provides benefits to my employee(s) that are not less favourable than those provided by the MIBCO Industry Funds, as published from time to time.

2.1.7. Should there be any material changes to the alternate Fund contributions these must be stated below:

Changes to Fund Benefits and/or Contributions	
Employer Contribution:	
Employee Contribution:	
Risk Benefits Death:	
Disability:	
Alternate Fund Name	
Retirement Age:	
Total Investment Costs:	
Any other changes to Fund Benefits/Contributions	

2.2 MIBCO Industry Fund Contributions and Benefits

2.2.1 I acknowledge that the current contributions and benefits provided by the MIBCO Industry Funds are as follows and are subject to change (The latest Fact Sheets describing benefits and contributions should be verified at **www.mirf.co.za**:

Employer Contribution:	8% of employee's monthly remuneration
Employee Contribution:	7.5% of employee's monthly remuneration
Risk Benefits Death:	3 × annual salary + refund of fund credits
Disability:	3 × annual salary + refund of fund credits (no waiting period)
Auto Workers' Provident Fund (Grades 1–6):	13.2% total (0.8% admin cost)
Motor Industry Provident Fund (Grades 7–8 & Clerical):	13.4% total (0.6% admin cost)
Retirement Age:	65 years
Total Investment Costs:	0.71%

2.2.2 I hereby acknowledge and confirm that the contributions made to, and the benefits provided by, the alternative Fund to which I am contributing are not less favourable than those provided under the MIBCO Industry Funds, as referenced above.

2.3. Actuarial Confirmation

2.3.1. Attached hereto as **Annexure "A"** is the official and most recent written confirmation from the actuaries of the _____ (**insert name of alternate Fund**) that I am contributing to, verifying the accuracy of the information contained in paragraphs 2.1 and 2.2 above and stating that the Fund is in fact registered and compliant.

2.4. Special Rules

2.4.1. Attached hereto as **Annexure "B"** is a copy of the registered special rules applicable to the _____ (**insert name of alternate Fund**).

2.5. Special Conditions

2.5.1. The Employer understands that exemption is granted on the strict condition that the exemption is valid only for as long as the benefits of the alternate Fund are not amended in such a manner as to cause them to diminish or reduce to such an extent that in the opinion of the Council they are less favourable than the benefits provided by

the Industry Funds. MIBCO reserves the right to audit, verify and revoke the exemptions should the conditions no longer be met to the satisfaction of MIBCO.

2.5.2. Employee/s who are not eligible to join the in-house funds will be obliged to join the Industry Fund, if such employee /s are eligible for compulsory membership to the Industry Funds.

3. DECLARATIONS

3.3. EMPLOYER

I declare that the above information is true and correct, and that the alternate Fund _____ (insert name of Fund) provides benefits that are not less favourable than those of the MIBCO Industry Funds.

Deponent: _____

Full name: _____

Designation: _____

Signature: _____

Date: _____

Place: _____

4. COMMISSIONER OF OATHS

I certify that the Deponent has acknowledged that they know and understand the contents of this Affidavit, that it is true to the best of their knowledge and belief, and that they have no objection to taking the prescribed oath.

Signature of Commissioner of Oaths: _____

Full Name: _____

Designation: _____

Address: _____

Date: _____

(Official Stamp of Commissioner of Oaths)

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