

**ANNEXURE “I”
(CLAUSE 21B)**

To: Hospitality Group Funeral Insurance Scheme
P.O. Box 2363
Florida Hills
1716

Date: _____
Acc. No: _____
Policy No: 4151686104

Fax: 011 672 5803

Name of Employer: _____
Trading Name: _____
Street Address: _____
_____ Postal Code: _____
Postal Address: _____ Postal Code: _____
Telephone Number: () _____ Fax No: () _____

In Accordance with clause 21 B (4) of the Council’s Agreement, I hereby furnish the following particulars.

No:	Name of Employees	Surname	I.D. Number	Gender

No. of employees: _____ Monthly contributions per employee: R 25.00 Total Due: R _____
The employer shall deduct the sum of R 12.50 from the wages of each employee
(clause 21B(2)).