ANNEXURE A: SOLIDARITY FUND DONATION DEDUCTION INSTRUCTION FORM

SECTION A. PERSONAL INFORMATION			
PERSAL Number		TITLE	
SURNAME		INITIALS	
ID NUMBER			
JOB TITLE			
SALARY NOTCH	RANDS		
SECTION B. CONTACT DETAILS OF EMPLOYEE			
MOBILE			
TELEPHONE(W)	CODE / NUMBER	TELEPHONE (H)	CODE / NUMBER
EMAIL		FAX	

As per the personal information provided in Section A and B above, I hereby grant my employer: _____(name of Department)

the authority to deduct the amount of: R

_____(amount in words) per month for the period of _____ months from my salary, commencing from the month of _____ (insert month).

The total deduction over the elected period is: R

I further authorise that the amount/s so deducted be donated to the Solidarity Fund as per the details below:

Bank: Standard Bank	Branch Name: Sandton City
Account Name: Solidarity Fund	Account No: 023070021
Account Type: Current account	Branch Code: 051001
SWIFT Code: SBZAZAJJ	

Furthermore, I accept and agree that:

a) This authorization will remain in force for the elected period or until it is cancelled by me by written notice of not less than one month, which notice shall be sent to the head of HR.

b) I confirm that monies that have already been deducted from my salary in terms of this authority cannot be reclaimed by me.

c) The employer will process the initial transaction and all subsequent transactions in terms of this authorization, subject that only one monthly amount as indicated above shall be deducted in a particular month.

d) Any incorrect or incomplete information supplied could lead to my deduction and subsequent donation not being effected.

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge and that I hereby voluntarily authorise and consent to the aforementioned deduction from my salary which is to be donated to the Solidarity Fund.

SIGNATURE OF EMPLOYEE		DATE	D D M M Y Y Y Y