





# CERTIFICATE OF SERVICE

(State name and address of employer.  
To be imprinted with Firm's rubber stamp.)

This is to certify that the particulars as mentioned hereunder are a true record of the employment by this Company of:

Employee name (in full): .....

Identity No: ..... Works/Company No: .....

Occupation: .....

Period of employment as contributor to Fund: From ..... to .....

Period of employment on Company's domestic Fund: From ..... to .....

Reason for termination of employment: Please tick

Retirement  
(55 years and older)

Medical  
Incapacitation

Retrenchment /  
Redundancy

Resignation/  
Dismissal

Contract  
Expired

Absconded

Death

"Remuneration" at date of termination of employment

WEEKLY PAID EMPLOYEE

R..... per week

MONTHLY PAID EMPLOYEE

R..... per month

Breakdown of the 6.6% contributions for final month of employment plus any outstanding leave pay, would be appreciated.

Shifts worked and contributions paid for the last three months worked prior to the members date of discharge	OPEN DATE	CLOSE DATE	SHIFTS WORKED

It is hereby acknowledged that the Employer will be held liable for any loss incurred by the Fund in consequence of a false declaration of Retrenchment/Redundancy.

.....  
FOR AND ON BEHALF OF EMPLOYER

DESIGNATION : .....

NAME: .....

TELEPHONE NO.: .....

DATE : .....

**TO BE COMPLETED BY THE EMPLOYER IN RESPECT OF  
DEATH, RETIREMENT AND PERMANENT DISABILITY ONLY**  
*(FOR INCOME TAX PURPOSES)*

**PENSION AND PROVIDENT FUNDS - FORM 'D'**

Name of Employer : \_\_\_\_\_

Address of Employer : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Employee's Surname : \_\_\_\_\_

Employee's First Names : \_\_\_\_\_

Employee's Identity no. : \_\_\_\_\_

Employee's Tax no. : \_\_\_\_\_

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

**Year**

**Salary**

20\_\_\_\_\_ R \_\_\_\_\_ p.a.

**Total**

R \_\_\_\_\_

Average for the 5 years or lesser period if employee employed for lesser period .....

R \_\_\_\_\_

Certified correct to the best of my knowledge and belief.

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Date

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Manager / Secretary