7 MARITZ STREET, BELLVILLE 7530 PO BOX 1529, SANLAMHOF 021 948 5775 ENQUIRIES@FURNITURE.ORG.ZA



### PROVIDENT FUND OF THE WESTERN CAPE

23 February 2023

NO. PF01/23

### **NOTICE**

#### **FSCA CONDUCT STANDARD 1 of 2022 [RF]**

# Requirements Related to the Payment of Pension Fund Contributions

Dear Employer

The FSCA has communicated that the Conduct Standard becomes effective on the 19th February 2023.

In essence, the changes to Section 13A requires Employers to provide a retirement fund with certain minimum information.

Kindly <u>complete</u> the attached Employee Information form for each of your Employees and return such to the Fund within fifteen (15) days of receipt of this notice.

Yours sincerely

N. U. ABRAHAMS

**PRINCIPAL OFFICER** 

7 MARITZ STREET, BELLVILLE 7530 PO BOX 1529, SANLAMHOF 021 948 5775 ENQUIRIES@FURNITURE.ORG.ZA FSB Reference No. 37935



## THE FURNITURE INDUSTRY PROVIDENT FUND OF THE WESTERN CAPE

EMPLOYEE INFORMATION FORM

\r																
NAME OF EMPLOYER							DATE	L								
EMPLOYER NUMBER		MEMB							ER NUMBER							
	EMPLOYEE DETAILS															
SARS TAX REFERENCE NO																
SURNAME																
FIRST NAMES																
NATIONALITY	SOUT	SOUTH-AFRICAN						OTHER							T	
ID NR OR PASSPORT NR																
DATE OF BIRTH				I.		1						IDER				
CELLPHONE NUMBER				MALE					FEMALE							
OCCUPATION								Į.								
MEMBER EMAIL ADDRESS																
ADDRESS																
WEEKLY PENSIONABLE WAGE	NABLE WAGE							PERCENTAGE CONTRIBUTION								
ELECTRONIC PAYMENTS: PLE	ASE INCLL	IDE A C	OPY OF	YOUR II	D DOCU	MENT /	PASSPO	 RT / PER	MIT ANI	D BANK	STATE	MENT FO	R THIS	PURPO	SE	
affect the Provident Fund benefit personal information as per the F														f distribu	ıte my	
SIGNATURE OF EMPLOYEE DATE							SIGNATURE OF COUNCIL OFFICIAL									
(ONLY APPLICABLE TO R	EGISTRA	TION C	F FOR	REIGNE	RS)											
the Employer of abovementioned employee, hereby confirm, that I am aware of the implications of the South African Immigration Act 2002 (Act No 13 of 2002)															at No	
SIGNATURE OF EMPLOYER	= <sub>0</sub> ·	.53		DA	TE	•										
I nominate the following be	eneficiarie	es for n	ny PRO	OVIDE	NT FUN	D: -										
				BEN	IEFICIA	RY D	ETAILS									
BENEFICIARY NAME AND SURNAME		RELATION SHIP					IDENTITY NUMBER					ADDRESS				
OUNTAINE																

THIS REGISTRATION APPLICATION CAN ONLY BE PROCESSED IF A COPY OF THE APPLICANT'S ID DOCUMENT / PASSPORT / PERMIT IS ATTACHED.