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**T H E F U R N I T U R E I N D U S T R Y  
P R O V I D E N T F U N D  
O F T H E W E S T E R N C A P E**

7 December 2022

## **NOTICE**

TO: All Employers

### **SECTION 13A - DETAILS OF PERSONS THAT SHALL BE PERSONALLY LIABLE**

Dear Employer

Employers must pay employer and member contributions in accordance with the Fund's Rules. With effect from 28 February 2014, two new sections in Section 13A - Contributions were introduced:

- S13A(8) imposes a personal liability on the directors of companies and members of close corporations where such persons are regularly involved with the overall financial affairs of the company/close. For any other type of entity, the personal liability is attached to the person who is regularly involved in the management of the entity's financial affairs.
- S13A(9) requires that the fund must request the employer in writing to notify it of the identity of the person who is so personally liable. Where the employer fails to notify the fund of the relevant director, member or person, all directors, all members of the CC or all persons constituting the governing body of the entity are personally responsible for compliance with S13A.

In terms of the Pension Funds Act, failure of the relevant person to comply with the Rules of the Fund is guilty of an offence and liable on conviction to a fine not exceeding R10 million or to imprisonment for a period not exceeding 10 years, or to both such fine and such imprisonment.

Kindly return the attached completed form within fifteen (15) days of receipt.

Yours sincerely

**N. U. ABRAHAMS  
PRINCIPAL OFFICER**

# **SECTION 13A - DETAILS OF PERSONS THAT SHALL BE PERSONALLY LIABLE FORM**

KINDLY PROVIDE:

**DETAILS OF PERSON (Individual who is duly responsible for the payment of Retirement Contributions)**

Surname and full first names	
RSA ID number	
Passport number (if no RSA ID available)	
Passport – country of issue	
Passport – date of issue	
Position in business	
Email address	
Contact number at work	
Cellphone number	
Business postal address	
Postal code	
Business street address	
Postal code	

Signature \_\_\_\_\_ Date 

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**DETAILS OF PERSON**

**If more than one person is responsible due to Business Structure (Individuals who are duly responsible for the payment of Retirement Contributions). If more than two, attach the details of the remaining individuals.**

Surname and full first names	
RSA ID number	
Passport number (if no RSA ID available)	
Passport – country of issue	
Passport – date of issue	
Position in business	
Email address	
Contact number at work	
Cellphone number	
Business postal address	
Postal code	
Business street address	
Postal code	

Signature \_\_\_\_\_ Date 

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**PLEASE RETURN THIS FORM, FULLY COMPLETED, TO [andrea@furniture.org.za](mailto:andrea@furniture.org.za) or [cindy@furniture.org.za](mailto:cindy@furniture.org.za)**