



Natal Joint Municipal Pension
KwaZulu-Natal Joint Municipal
Provident Funds

"Your Fund, Your Savings, Your Future"



NATAL JOINT MUNICIPAL PENSION FUNDS

FORM D

REQUEST FOR A TAX DEDUCTION DIRECTIVE

To be completed by the members employer in the case of Normal/Early Retirements/ill-health Retirements and Deaths, and to be submitted by the Administrator of the Fund to the Receiver of Revenue concerned.

1. MEMBERS DETAILS

Surname

Initial

Full Names

Date of Birth

Identity No.

Tax Reference No.

Other identification

If the taxpayer/member is not registered for Income Tax, select one of the following reasons:

SITE

Unemployed

Other

If "other" provide a reason

Taxpayers Annual Salary R

Employee No.

Postal Address

Postal Code

Physical Address

Postal Code

2. DETAILS OF SALARY EARNED

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during His membership to the fund:

YEAR

SALARY (Per Annum)



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

ON DEATH:

The member's salary during 12 month immediately preceding death

NOTE:

Salary includes any amount received or receivable annually under a contract of service as also cost of living allowances, commission, shares of profile, etc., but not occasional bonuses or fees which were defered on the whim of Directors or employer.

3. DETAILS OF EMPLOYER:

NAME

PAYE reference no.

Contact person

Telephone No.

Postal Address

Postal Code

Physical Address

Postal Code

Certified to be true and correct to the best of my knowledge

SIGNATURE

DATE

N.B. IF THIS FORM IS NOT COMPLETED IN DETAIL, IT WILL NOT BE ACCEPTED BY THE RECEIVER OF REVENUE AND THEREFORE RETURNED TO YOU FOR COMPLETION