



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

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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 dependant 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