

**ANNEXURE "I"  
(CLAUSE 21B)**

To: Hospitality Group Funeral Insurance Scheme  
 P.O. Box 31085  
 Braamfontein  
 2017

Date: \_\_\_\_\_  
 Acc. No: \_\_\_\_\_  
 Policy No: 4151686104

Fax: 011 403 0982

Name of Employer: \_\_\_\_\_  
 Trading Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

In Accordance with clause 21 B (4) of the Bargaining Council's Agreement, I hereby furnish the following particulars.

No:	Name of Employees	Surname	I.D. Number	Gender

No. of employees: \_\_\_\_\_ Monthly contributions per employee: R 25.00 Total Due: R \_\_\_\_\_  
 The employer shall deduct the sum of R 12.50 from the wages of each employee  
 (clause 21B(2)).