

**ANNEXURE “I”  
(CLAUSE 21B)**

To: Hospitality Group Funeral Insurance Scheme  
PO Box 2363  
Florida Hills  
Tel: 011 472 3028  
Fax: 011 672 5803  
Email: agent1@tshepong.co.za

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

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

In Accordance with clause 21B (4) of the 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: R25.00 Total Due: R\_\_\_\_\_. The Employer shall deduct the sum of R12.50 from wages of each employee (Clause 21B(2)).