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**BARGAINING COUNCIL FOR THE FAST FOOD, RESTAURANT, CATERING AND ALLIED TRADES**

**ANNEXURE "F" STATEMENT**

**Please note that this form must be submitted to the Secretary by email or fax to 0865575376.**

Trading Name: \_\_\_\_\_ ACC No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Bookkeeper: \_\_\_\_\_ Box No: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Bargaining Council Levies: (Clause 21) in accordance with the Bargaining Council's Collective Agreement	
Levy Due at R 10.00 per Employee per Month ____x Employees at R 10.00 pm (Half Deducted from the Employees' Wages (clause 21 (1) (a)	
Dispute Resolution Levy at R 6.00 per Employee per Month ____ x Employees at R 6.00 pm (half deducted from the employees' wages (clause 21 (1) (b)	
<b>Total Due Monthly to The Bargaining Council by Employer</b>	
Employers Contribution to an Employers Organisation..... (specify name) (clause 22 (2)(a)	
Monthly Fee (per establishment) 1 @ R	
Entrance Fee for New Members @ R	
Total Due per Month to Employer's Organisation.	
Subscription by Members of Trade Unions (clause 22(2)(a)	
Members at ____ Per Month	
<input type="text"/>	
( Specify Union Name) _____ Total per Month Due to Unions	
<b>Total Due Per Month</b>	
Period from _____ to _____ x ____	<b>Months Total</b>
<b>Plus outstanding levies</b>	
<b>Total payment</b>	
Due	<b>Amount Paid</b>
Short Payment / Over Payment for: _____	

As per clause 21 (3) the employers must pay all deductions and contributions into the Council's banking account by not later than the 15th day of the month. Banking details: Standard Bank, Account Number: 000317918, Account Type: Current Account, Branch: Johannesburg, Branch Code: 000205. Proof of payment together with a list showing the names and ID numbers of employees from whom the deductions were made must be forward monthly to the Council.

**For Office Use Only:** Cheque No \_\_\_\_\_ Receipt No: \_\_\_\_\_ Captured By: \_\_\_\_\_ Date: \_\_\_\_\_

Period Paid: \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_ Batch No: \_\_\_\_\_ Account Clerk (Signature and Stamp)