

“ ANNEXURE 1A ”



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 Reg No: 2007/000667/23 cc
 AUTHORISED FINANCIAL SERVICES PROVIDER
 (Licence number 38344)

EMPLOYER DETAILS

Required information to obtain a quote

Name of Employer

Required	Your Information
Name of Employer: <i>(Examples: ABC stores t/a XYZ stores)</i>	
Type of Legal Entity: <i>(Examples: CC / (Pty) Ltd)</i>	
Name, Surname and Designation of the person who will be signing all of the documentation <i>(Director, Managing Member, Owner etc.)</i>	
Company Registration Number:	

Employer Address

Required	Your Information
Physical Address: <i>(Shop no, Complex name, street number, street name, suburb, postal code)</i>	
Postal Address: <i>(Box No, Suburb, Postal Code)</i>	
Contact Person: <i>(Owner / Director)</i>	
Contact person E-mail Address:	
Contact person telephone number:	
Contact person fax number:	

Accountant /HR Information (More than one person can have access)

Required	Your Information
Name of Accountant:	
Accountant / HR ID Number: <i>(the person who will be making the changes on the Employer Portal)</i>	
Accountant /HR E-mail Address:	
Accountant /HR telephone number:	
Accountant /HR fax number:	
Accountant/HR Postal Address: <i>(Box No, Suburb, Postal Code)</i>	
Accountant/HR Physical Address: <i>(Where training will take place)</i>	

Banking and Payment Details

Required	Your Information
Name of Bank:	
Branch Name:	
Branch Code:	
Account Number:	
Account Type: <i>(Savings, Cheque, Transmission etc.)</i>	
Account Name: <i>(Note that this should be the same as the employer name, company registration documents and reflect on the proof of banking submitted)</i>	
Preferred Reminder Date: <i>(Date that reminders will be sent to update the portal if any changes are due before debit order date)</i>	
Preferred Collection date: <i>(Date before or on the 7th when debit order will be processed)</i>	

Documentation Required to draft your application

Required	Your Information
Copy of CK Doc or Copy of ID if Sole Proprietor	
Updated Staff List (Form attached)	
Cancelled Cheque/Bank statement to verify banking details	

Thank you for Submitting your Information. The completed documentation will follow shortly.

Should you require any assistance please do not hesitate to contact me on the details below

Thanks and regards

Beatrix van Vuuren
Extra Dimensions
Tel: (011) 472-3028