



FUNERAL BENEFIT SCHEME REMITTANCE ADVICE

Please submit the remittance advice to the administrator at EBMedicals@sygnia.co.za.

Name of Employer									
Name of Section / Cost Centre									
Reconciliation Statement for Month Ended									
Prepared By (Full Name)									
Signature		Company Stamp (including address)							
Date	<table style="border: 1px solid black; width: 100%; text-align: center;"> <tr> <td>y</td><td>y</td><td>y</td><td>y</td><td>m</td><td>m</td><td>d</td><td>d</td> </tr> </table>		y	y	y	y	m	m	d
y	y	y	y	m	m	d	d		

CONTRIBUTIONS CALCULATION

1. Number Of Members
2. Premium (=Rate Times Number Of Members) (Example = R18.75*50 Members = 937.50)
3. Cheque Attached / Direct Deposit: - Made Payable To SAfrican

SAFRICAN BANKING DETAILS

Nedbank	
Branch Code:	196805
Account Number:	1968345957
Reference	Waterwold

NEW MEMBERS

Company Number	Surname & Initials	Date of Birth	Sex	Marital Status	Number of Children	Date Joined Scheme	Date Joined Employer	Remarks

GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

A member of the Sygnia Group of Companies

Registration No. 1967/008174/07 VAT No. 4550120770 FSP No. 5538 13B Licence No. 24/80

CAPE TOWN: 7th Floor The Foundry Cardiff Street Green Point Cape Town 8001 • PO Box 51591 Waterfront 8002

Tel: +27 (0)21 446 4940 • Fax: 0866 786 130 • info@sygnia.co.za • www.sygnia.co.za

JOHANNESBURG: Unit 40 6th Floor Katherine and West Building West Street Sandton 2196 • PO Box 51591 Waterfront 8002

Tel: +27 (0) 10 595 0550 • Fax: 0862 065 173 • www.sygnia.co.za • info@sygnia.co.za

