REQUEST FOR A TAX DEDUCTION DIRECTIVE FORM A&D																															
										F	OR							~													
PENSION AND PROVIDENT FUNDS YEAR OF ASSESSMENT ENDED ON C C Y Y M M D D																															
																														_	
Tax reference number														APPLICATION NUMBER																	
													ł	_	Т	Т	Т								-	-	_				
NOTE:	NOTE:													L		_	_	_		_	_						_				
To be completed by the Trustee/Administrator of the fund in respect of all payments in consequence of member's death or retirement from the Fund, in excess of R30 000 or R 2 000 respectively, and submitted in lieu of Form IRP 3(a) to the taxpayer's Receiver of Revenue.																															
MEMBERS DETAILS		_	_	_	_	_	_	_		,	_			_	_	_	_	_	_	_	_	_	_	_	_			_			
Surname																								Ini	tial						
First names																															
Date of birth	С	С	Y	Y]	М	Μ]	D	D	1		•	•		Ider	ntity i	no.													
Other Identification			[[[]																				
If the taxpayer/member is not registered for Income Tax, select one of the following reasons:																															
S	TE			Γ							I	Une	mpl	oye	d										Ot	her					٦
If "other" provide a reason			[-												
Taxpayers Annual Salary				R											Er	nplc	oyee	no.													
Residential address												Ī	1														Γ				
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													1				1					Po	ostal	cod	le		<u> </u>				
Postal address																											Γ				
		I						1							1		I			Po	ostal	cod	e								
															<u> </u>																
Name of fund																															
Contact person													1			1											<u> </u>				
Tel no.			С	0	D	E		1	1			1	1	1]													
Fund approval no.	1	8	2	0	4	1		1					1	1	1		Type of Fund: Pension														
Membership no.		1	[[[[[1				1										Pr	ovid	lent				
Indicate whether this fund	is:	1								1	P	osta	I														Γ				
a pub	a public sector fund										A	ddre	SS					<u> </u>									<u> </u>				
appro	approved fund																1								1		T				
other]								I	1	I						Pc	ostal	coc	de				
DETAILS OF GROSS LUMP SUM DUE													<u> </u>																		
Reason for directive: Death Retirement due to ill-health																															
	Retirement																Pr	ovid	ent	fund	spe	cial	cor	ncess	sion	1					
Date of accrual																		С	С	Y	Y]	М	М		D	D				
Gross amount of lump sum payment															R							·		T			<u> </u>	 			
Total contributions by mer	Total contributions by member to the fund (excluding interest and profit)														R					• <u> </u>		ı		<u> </u>							
Where a member's contrib	outio	on to	a pe	ensio	on fi	und l	have	eex	ceed	ded	such	n am	noun	ts as	s rar	nked	I		I	ı	ii	<u> </u>	ı	ı	I	L	<u> </u>			L	<u> </u>
for deduction against his i						-		ı (k)	of S	ecti	on 1	1 of	the	Inco	ome	Тах	I												-		
Act, state total amount or	exce	ess d	lurin	g m	emb	ersł	nip											R											<u> </u>		

The period taken into account in calculating the lump sum benefit in terms of the:

	rules of the fund 01 period of employment 02																													
			pe	riod	of e	mplo	oym	ent			0	2																		
Date from C C Y	C Y M D D Date to C C Y Y														М	Μ		D	D				Co	mpl	eted	l yea				
Date on which the member became a member of the fund.																		С	С	Y	Y		М	М		D	D			
Are you aware of any lump sum benefits, which accrue or have accrued to the member from this f															is fu															
DATE OF ACCR	CRUAL AMOUNT													NAME OF FUND																
C C Y Y M N																														
DETAILS OF SALARY EARNED																														
Highest average salary earned by the taxpayer during any 5 consecutive year in the service of the employer during his membership to the fund:																														
	YEAR														SALARY															
CCYY													R																	
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											то	TAL						R												
Average for 5 years or lesser	perio	d if e	emp	loye	e er	nplo	yed	for I	ess	er po	erio	b						R												
ON DEATH:																														
The members salary during 1	2 moi	nths	imn	nedi	atel	/ pre	eced	ling	deat	h								R										\neg		
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NOTE: Salary includes any amount received or receivable annually under a contract of service as also cost of living allowances, commission,																														
shares of profits, etc., but not occasional bonuses or fees which were dependent on the whim of Directors or employer.																														
DETAILS OF EMPLOYER:												-											-	-						
NAME																														
PAYE reference no.																										i 				
Contact person																<u> </u>										i 				
Telephone no.			С	0	D	Е																				i 				
Postal address																r T										i T				
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Physical address															 	<u> </u>										<u> </u>				
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																					_					<u> </u>	Щ			
																					Po	stal	cod	le						

Certified to be true and correct.

Signature

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