

ANNEXURE A.5
NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY

PRO RATA ENTITLEMENT ADVICE VOUCHER

1. For Council records or Employee's payment voucher (Mark appropriate block "X")

2. Full name and surname of employee: _____

3. Identity No.: _____ 4. Computer No.: _____

5. Clock No.: _____ 6. Occupation: _____

	Accrued Days
7. No. of days applied for:	

8. Service Period: From _____ / _____ / _____ to _____ / _____ / _____

To be paid directly into bank account in employee's **own name**, please supply details:

Bank Name: _____

Type of account: Current 1 Savings 2 Transmission 3

Branch Name: _____

Branch Code: _____ Account No.: _____

9. N.B.

9.1. Monies held by Council, to the credit of this employee, shall be paid directly to the employee within 4 weeks after termination of service.

9.2. Please indicate if termination of service is due to retrenchment. Yes No

9.3. Please note a Company stamp **must** appear on all applications.

9.4. Forward original together with any outstanding leave pay, holiday pay bonus and sick fund contributions to the Council.

9.5. Employer retains one copy for records.

9.6. Hand one copy to employee.

I / We certify that the above mentioned details are true and correct:

Date: _____

Place: _____

Signature of employer or duly authorized representative

Stamp of Company