Return of Levies and Funds due to the National Bargaining Council For The Road Freight Industry

Name of Business .....

Address .....

Employer File No .....

Employer Contact Person .....

Tel: .....

Fax No: .....

E-mail: .....

For the weeks ending

Employees Owner Driver I.D No.	Computer Nr./No.	Wage Rate	Council Provident Fund Member	ID Verified	Category Code	* WEEKS	Reason for short shifts	Shift Adjustment	Shifts: Excess B/F	Shifts: Current	Shifts: Total	Shifts: Excess C/F	Commencement Termination	Levies	Wellness Levy	Agency Shop Fee	Code	Trade Union	Sick Leave	Holiday Pay	Leave Pay	Provident Fund	Total
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
						0					0	0		0.00	0.00				0.00	0.00	0.00	0.00	0.00
											Sub Total			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
											Vat			0.00									
											Sundries			0.00									
											Total			0.00									

RECEIPT No:.....

DATE:.....

PLEASE LIST ALL INVOICES PAID WITH THIS RETURN

Please indicate trade union membership by inserting code number

10 M.T.W.U
20 SAACOWU
30 P.T.W.U. SA
40 S.AT.A.W.U
50 T.A.W.U SA

A VAT INVOICE WILL BE ISSUED WITHIN 21 DAYS