Contract Cleaning National Provident Fund





| Employer/Comp | any Name (In full) | | | | | |
|----------------------------|---|--------|---------------------|----------------|----------------|--|
| Company Regist | | | | | | |
| Do the Employe | ees belong to an Existing Retirer | ment | | | | |
| If Yes, please sta | ate the name of the Fund and the nation. | iame | | | | |
| | of the Existing Fund's Full con ail address, Telephone and fax nur | | | | | |
| Date of Commenc | ement of Participation in the Fund | | | | | |
| Current cleaning o | contract in place | | Yes / | No | | |
| Number of Curren | nt Cleaning Staff (in existing contract) | | | | | |
| Current Cleaning A | Association Membership | | BEECA / NCCA / NONE | | | |
| | Name | Tele | ephone | Fax Number | | |
| | Hame | | ımber | Tax Number | E-mail Address | |
| Contact Person | | | | | | |
| Contact Person | | | | | | |
| Contact Person | | | | | | |
| Head Office Postal Address | | | Не | ad Office Phys | sical Address | |
| | | | | | | |
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| | | Provin | ıce: | | | |
| A | | | | | | |
| Approved by: | | | | Company Sta | amp | |
| Designation: | | | | | | |
| Signature: | | | | | | |
| Date: | | | | | | |

Please forward completed document to CleaningC@nbc.co.za or Fax No 086 687 0912. Tel: (010) 206 0000 alternatively phone Nompumelelo Magoloza (010) 206 0131 at NBC Holdings (Pty) Ltd (Head Office). Max Maisela Park | 22 Ridge Road, Parktown 2193 | P O Box 32528, Braamfontein, 2017 | www.ccnpf.co.za | www.nbc.co.za



CONTRIBUTION & BENEFITS STRUCTURE

1. CONTRIBUTIONS

Member

Each member shall make a monthly contribution of 5.25% of the Fund Salary throughout their service.

Employer

The Employer shall make a monthly contribution in respect of each member in its Service at the rate of 5.25% of the member's Fund Salary.

2. BENEFITS

Withdrawal

Total Fund credit that is made up of Employer and Member contributions, less costs, plus investment growth.

Retirement

Total Fund Credit at the date of his retirement.

Early Retirement Age is from 55 years and Normal Retirement Age is 65 years.

Death Benefits

Member's total Fund Credit at the time of his death; plus 1 x annual average salary.

Disability Benefits

A member is entitled to an insured benefit specified in the Rules of the Fund. (Member's total Fund Credit at the time of disability; plus 1 x annual average salary).

3. RISK BENEFITS INSURED WITH AN INSURER

Death Benefits

| Multiple of Salary | | |
|---------------------------|--|--|
| 1 x annual average salary | | |

Disability Benefits

| Multiple of Salary | |
|---------------------------|--|
| 1 x annual average salary | |

4. FUNERAL BENEFITS

Previous structure:

& With effect 1 January 2020:

| Main Mambar | B 24 000 00 | Main Mambar | P 24 000 00 |
|-------------------------------------|-------------|--------------------------|-------------|
| Main Member | R 24 000.00 | Main Member | R 24 000.00 |
| Spouse | R 24 000.00 | Spouse | R 24 000.00 |
| Child 14-21 years | R 15 000.00 | Child 14-21 years | R 15 000.00 |
| Child 06-13 years | R 7 500.00 | Child 06-13 years | R 7 500.00 |
| Child 00-05 years (incl. stillborn) | | Child 01-05 years (incl. | |
| | R 3 750.00 | stillborn) | R 3 750.00 |
| | | Still born to 1 year old | |
| | | | R 3 750.00 |

NB: The cover includes a Memorial benefit of up to R10 000 for the main member and an Inkomo benefit of up to R10 000 only upon death of the main member.



The Funeral benefits are administered by Momentum Metropolitan Life Limited with effect from 01 January 2020.

Benefits

| Relation to Member | | | | | |
|--------------------------|-------------|--|--|--|--|
| Relation to Member | Benefit | | | | |
| Member | R 24 000.00 | | | | |
| Spouse | R 24 000.00 | | | | |
| Child 14 - 21* | R 15 000.00 | | | | |
| Child 6 - 13 | R 7 500.00 | | | | |
| Child 1 – 5 | R 3 750.00 | | | | |
| Still born to 1 year old | R 3 750.00 | | | | |

Other Benefits available for the main Member

- Trauma benefit counselling (telephonic)
- Repatriation of mortal remains (over 100km)
- Legal assistance
- Telephonic counselling
- Emergency medical services

Call centre: 0861 666 111

- Child 22 years to 26 years: benefit will be payable on condition that the child is studying full time at a registered educational institution.
- There is no age limit on children with physical and/or mental disability.
- The Memorial benefit claim must be lodged within 12 months from the date of death. The memorial benefit provides financial support to commemorate the deceased. It is an additional pay-out up to 12 months after the funeral benefit has been paid. This benefit is an amount of R10 000.00 which is paid to the nominated beneficiary, only upon the death of the main member.
- There is also an Inkomo benefit which provides a monetary amount to help with the cost of livestock or any other ceremonial requirements. Momentum will pay this additional benefit regardless of the member's requirements and traditions. The benefit amount is R10 000.00 and is paid at the same time as the funeral benefit, only upon the death of the main member.

Important to note

- Claim notification period is 6 months and the claim submission period is 12 months. Momentum must be notified of all claims within 6 months and the completed claim documents must be submitted within 12 months.
- Maximum entry age is 70 years.

Lodging a claim



Claimant to **report** the claim **immediately** to the Employer and provide supporting documents.



The Employer to notify NBC Holdings of the death within 6 months and submit the claim with all supporting documents to NBC Holdings within 12 months from date of death.



NBC Holdings will pay approved claims as follows:

Funeral- payment will be made to Member or Dependant and the Memorial benefit will be paid to the relevant beneficiary.



Contact details of NBC Holdings

Funeral • funeralclaims@nbc.co.za fax: 086 683 8799 • Postal address- NBC Head office: 22 Ridge Road, Parktown, 2193 Telephone number: 010 206 0000



Specimen Signature Form

Contract Cleaning National Provident Fund

Fund Name:

| Clie | nt Name: | | | | |
|------|------------|---------|-------------|-----------|----------------------------|
| No | FIRST NAME | SURNAME | DESIGNATION | SIGNATURE | COMPANY/ PAYPOINT STAMP |
| | | | | | |
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| pr | oved by: | | | Co | mpany Stamp |
| sig | gnation: | | | | |
| jna | nture: | | | | |
| to: | | | | | |

Max Maisela Park | 22 Ridge Rd, Parktown 2193 | P O Box 32528, Braamfontein, 2017 tel: +27 (0)10 206 0000 | fax: +27 (0)86 688 5566 | www.nbc.co.za



THE CONTRACT CLEANING NATIONAL PROVIDENT FUND

Personal liability of employers for payment of retirement fund contributions

| Please fill in this form in the fields provided. | | | | |
|--|---------|--|--|--|
| | | | | |
| Section 1: Employers | Details | | | |
| Name of Employer: | | | | |
| | | | | |

Section 2: Responsible person

Employers must pay the employer and member contributions as set out in the fund's rules to the fund. The contributions must be paid into the bank account of the fund or transmitted directly to the fund by no later than 7 days after the end of the month for which that contribution is payable.

From 28 February 2014, the Pension Funds Act imposes personal liability on certain parties within the employer's organization to ensure the timeous deduction and payment of the contributions.

Who can be held liable?

- For companies: every director who is regularly involved in the management of the company's overall financial affairs.
- For close corporations: every member who controls or is regularly involved in the close corporation's financial affairs.
- For other employers: every person according to whose directions or instructions the governing body or structure of the employer acts, or who controls or is regularly involved in the management of the employer's overall financial affairs.

The fund must ask the employer for the details of the persons who could be held personally liable. If the employer does not give this information to the fund, all the directors of the company, all the members of the close corporation regularly involved in the management of the close corporation or all the persons on the governing body of the employer will be held personally liable.

This means that any persons falling into any of the above categories is legally responsible and accountable for ensuring that both the employer and member contributions are paid to the fund within the 7 day period.

Since this is a legal duty, non-compliance may have serious repercussions for the person/s charged with ensuring compliance.



Please provide the information of the person/s that will be liable as stated on preceding page.

| Title: | 1. | | Initial/s | 5 | | |
|-----------------|--------------|-------|---------------|---|--|--|
| First Name: | | | | | | |
| Surname: | | | | | | |
| RSA ID: Y | es No | ID/Pa | ssport Number | | | |
| Passport Countr | y of Origin: | | | | | |
| Designation: | | | | | | |
| E-mail Address: | | | | | | |
| Telephone Num | ber: | | | | | |
| Cellphone Numb | er: | | | | | |
| | | | | | | |
| Title: 2. | | | nitial/s | | | |
| First Name: | | | | | | |
| Surname: | | | | | | |
| RSA ID: Y | es No | ID/Pa | ssport Number | | | |
| Passport Countr | y of Origin: | | | | | |
| Designation: | | | | | | |
| E-mail Address: | | | | | | |
| Telephone Num | ber: | | | | | |
| Cellphone Numb | er: | | | | | |
| | | | | | | |



Section 2: Responsible Person (continued)

| Title: 3. | Initial/s |
|---|---|
| First Name: | |
| Surname: | |
| RSA ID: Yes No | ID/Passport Number |
| Passport Country of Origin: | |
| Designation: | |
| E-mail Address: | |
| Telephone Number: | |
| Cellphone Number: | |
| | |
| Section 3: Declaration | |
| l, | (Full Names), |
| hereby declare that all particula | rs furnished in this form are true and correct. |
| Signed at: | |
| Signature of Authorised Representative of the Employer | Date: |
| | |

Signing the Form:

Print out the form, sign, scan it and send it back via email to Cleaningc@nbc.co.za.

The following supporting documents should be attached:

- 1. Certified ID copies of all the directors of the company
- 2. Company Registration Documents
- 3. Director's proof of address