FUNDWISE MANAGEMENT SERVICES (PTY) LTD
Suite 101, Cowey Park, 91-123 Cowey Road, Durban 4001 PO Box 37382 Overport 4067
Tel: +27 (31) 204 9500 Fax: +27 (31) 208 2942
e-mail: admin@fundwise.co.za website: www.fundwise.co.za
FW Fm Payment Advice (Abbrv) 001

PAYMENT ADVICE

CONTRIBUTIONS FOR THE PERIOD ENDED	DDMMYYYY	**Fund Code Number**	
FUND NAME:		**PF Number:**	
BRANCH:	*Please indicate Branch or Paypoint Reference*		
PARTICIPATING EMPLOYER:			

	Number of Members	Monthly Pensionable Salaries	(A) Member Contribution (Rand/Cents)	(B) Employer Contribution (Rand/Cents)	(C) Death Benefit Premium (Rand/Cents)	(D) Disability Benefit Premium (Rand/Cents)	(E) Funeral Benefit Premium (Rand/Cents)	(A+B+C+D+E) Total Contributions & Premiums (Rand/Cents)
Applicable Rates of Contribution and Premium	-	-	%	%	%	%		
B/FWD From previous Month								
PLUS NEW ENTRANTS for the Month								
PLUS / MINUS Salary Increases or Deceases *(Attach List)*								
MINUS TERMINATIONS at previous Month-End	( )	( )	( )	( )	( )	( )	( )	( )
PLUS / MINUS Other adjustments *(Specify in Notes below)*								
TOTALS for the MONTH								
TOTALS **No. of Members:**		**R**	**R**	**R**	**R**	**R**	**R**	**R**

PLEASE ENSURE THAT PROOF OF PAYMENT ACCOMPANIES THIS FORM.

NOTES

AUTHORIZED SIGNATORY		Company Stamp (Including Address)	
Surname and Initials			
Company Designation		**DATE**	DDMMYYYY

EXCEL SPREADSHEET: To increase the number of Rows, merely insert required number of new rows and then copy and paste from required row format to newly inserted rows.