

NATIONAL TEXTILE BARGAINING COUNCIL

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 Fax: (031) 305 8447
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SCHEDULE OF PAYMENTS

To be rendered not later than the 15th day of the MONTH FOLLOWING

NAME OF EMPLOYER/COMPANY: _____ SUB-SECTOR/SECTION: _____
 ADDRESS: _____ RETURN FOR THE MONTH OF: _____ 200_____

CONTRIBUTIONS PAID BY BOTH EMPLOYEE AND EMPLOYER			SUBSCRIPTIONS PAID BY EMPLOYEE ONLY						CONTRIBUTIONS PAID BY EMPLOYER ONLY								
1. COUNCIL LEVIES			2. SACTWU SUBS			3. AGENCY FEE (EE)			4. SACTWU BURSARY			5. AGENCY FEE (ER)			6. HIV/AIDS		
NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C
ADD : EQUAL EMPLOYER CONT																	
TOTAL																	

OTHER CONTRIBUTIONS					
1 / SPECIFY:			2 / SPECIFY:		
NO OF EMPLOYEES	R	C	NO OF EMPLOYEES	R	C
7					
8					
TOTAL					

SUMMARY	R	C
1. COUNCIL LEVIES		
2. SACTWU SUBS		
3. AGENCY FEE (EE)		
4. SACTWU BURSARY		
5. AGENCY FEE (ER)		
6. HIV/AIDS		
7. OTHER / 1		
8. OTHER / 2		
GRAND TOTAL		

NTBC BANKING DETAILS:

Name of Bank First National Bank - Davenport
 Branch Code 220226
 A/C No 6201 0614 586

NATURE OF PAYMENT: (Please indicate)

BANK TRANSFER CHEQUE

SIGNATURE OF EMPLOYER _____ DATE: _____

**A COPY OF THE WEEKLY AND/OR MONTHLY WAGE SCHEDULE DETAILING PARTICULARS OF CONTRIBUTIONS BY EMPLOYEES/ EMPLOYERS
MUST BE ENCLOSED WITH THIS RETURN**