



Employer's Details

Name of employer:	<input type="text"/>				
Address (for future correspondence):	<input type="text"/>				
Contact person <small>(A.O.E. or A.O.E. ad)</small> :	<input type="text"/>	Postal code:	<input type="text"/>		
Commencement date:	<input type="text"/>	(dd/mm/yyyy):	Telephone number:	<input type="text"/>	
	<input type="text"/>		Fax number:	<input type="text"/>	

Payment

Every employer shall ensure that the amount referred to in sub-clause 21B(2) Funeral Benefits of the Government Gazette No. 24329 dated 7 February 2003 , is paid monthly in advance by debit order or by electronic transfer to: **Standard Bank, Braamfontein Branch, Branch Code: 004805, Account Number: 000462136.**

Payment by Debit Order

Name of Bank:	<input type="text"/>	Branch:	<input type="text"/>
Branch Code:	<input type="text"/>	Type of Account:	<input type="text"/>
Account Number:	<input type="text"/>	Amount:	<input type="text"/>

I, authorise Extra Dimensions cc to debit my account as shown, with the monthly premium due.

Signature of authorised official

Date (dd/mm/yyyy)

Payment by Electronic Transfer

Employers, using electronic transfer as their method of payment, must submit proof of payment, this proof must clearly reflect Extra Dimensions as the recipient of the payment, also the name of the employer and the amount paid into the above account number. This proof must be faxed to: **011 * 72) , \$' or mailed to HGF Insurance Scheme, P O Box 2363, Floridahills 1716.**

Declaration

I, in my capacity as

of the above named employer hereby declare that the information is correct and that the employees listed as per the schedule represent my total workforce. I understand that cover for the current and future employees will commence on the first day of the month following the month during which the premium is received by Metropolitan, subject to the approval of the employer's participation in the scheme by Metropolitan.

Signature of authorised official

Date (dd/mm/yyyy)

