

hci PROVIDENT FUND

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15 EDWARD STREET, ROODEPOORT, 1724

Application to INCREASE Contributions

Member No Identity No

Member's FULL
Names and Surname :

Member's Address :
Code

Member's Job Title :

Salon Name :
And Address :
Code

Employer's Name :

CURRENT Employee's Contributions R.....

I, the undersigned Member, hereby request the Council to increase my
contributions to the hci Provident Fund to R..... per month.

I furthermore hereby confirm that I am aware that, in terms of the Rules, that this increased contribution
must remain FIXED for a MAXIMUM period of NOT LESS than 6 (six) months. And that should the Council
NOT receive written notification of any changes thereto, after a six-month period has elapsed, that it shall
remain at the INCREASED amount as stated by me above.

I furthermore confirm that my Employer is not obliged to match my INCREASED contribution and that they
may elect to continue making the prescribed Employer Contributions, even though my Employee
Contributions, have been increased.

Member's (Employee's) SIGNATURE

DATE

Employer's Acknowledge of Receipt

I, the above-stated Employer hereby confirm receipt of a copy of this Application and that I hereby agree to
make the necessary INCREASED deductions from the above employee's (member's) wages and to remit
same to the Council, in accordance with the above-stated Employee's wishes.

(INITIAL the appropriate Block)

Table with 2 columns and 2 rows. Row 1: I further confirm that I SHALL NOT match the employee's INCREASED contributions, but shall continue to make the prescribed Employer Contributions; OR. Row 2: I hereby AGREE to match the above Employee's INCREASED Contributions, of R....., as stated above, for the MAXIMUM period as indicated, until such time as I notify the Council in writing of any change/s to this.

EMPLOYER'S SIGNATURE

DATE