

hci PROVIDENT FUND

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15 EDWARD STREET, ROODEPOORT, 1724

Notification of CANCELLATION of Increased 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 INCREASED Contribution R.....

Prescribed Contributions R.....

I, the undersigned Member, hereby request the Council to CANCEL my increased
contributions to the hci Provident Fund and to revert back to the CURRENT
prescribed contributions.

I furthermore hereby confirm that I paid the INCREASED contribution for LONGER than the FIXED MAXIMUM
period of 6 (six) months, in terms of the Rules.

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
revert back to deducting the prescribed Employee Contributions 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: Initial/Signature area and Confirmation text. Row 1: I further confirm that I elected NOT to match the employee's INCREASED contributions, and shall therefore continue to make the prescribed Employer Contributions; OR. Row 2: In the case of an Employer who elected to MATCH their Employee/s INCREASED Contributions: I hereby request the CANCELLATION of my INCREASED matched Employer Contributions in the case of the above-named Member and I confirm that I shall revert BACK to remitting the CURRENT prescribed Employer Contributions.

EMPLOYER'S SIGNATURE

DATE