

Confirmation of Contributions by an Employer

This form is used by an employer in instances where a Salary Schedule is NOT submitted as there are no changes to the status, salary/contributions or membership of both the employer and employees from the previous month.

Any changes to the salary/contributions or membership of an employee MUST be reflected and submitted on a Salary Schedule.

Employer Name	
Employer Code	
Fund	
Contributions rate	
Number of Members	

Current Contribution Month (month and year)	
Last Salary Schedule submitted (month and year)	

Tick to confirm the following ►	Yes	No
1. We herewith confirm that the information provided above is correct		
2. We herewith confirm that there are no changes to the salaries / contributions or membership status of any employees for the current contribution month, based on the information submitted in the Salary Schedule referred to above		
3. We herewith confirm that we are aware that the contributions and membership of members will be audited and corrected from time to time and we accept full responsibility for any shortage / overpayment and interest due, should the information used for the calculation of contributions for this current month, not be correct		
4. We confirm that we agree that the information reflected on this form may be used for audit purposes and that all data exchanged is aligned with, and may be used in accordance with the POPI Act and GEPF Privacy Policy		

Signed	
Designation	
Date	

After completing the form, the form may be e-mailed to: contributionsmanagement@gpaa.gov.za and lerato.mashile@gpaa.gov.za