



SEYCHELLES PENSION FUND

SPF 12

EMPLOYER'S MONTHLY PENSION REPORT ⁽¹⁾

FOR THE MONTH OF:.....

EMPLOYER NUMBER: EMPLOYER NAME:.....

ADDRESS:..... TEL NO:..... FAX:..... EMAIL:.....

EMPLOYEE NAME	EMPLOYEE N.I.N	COMP. CONTRIBUTION		VOL. CONTRIBUTION		GROSS ⁽²⁾ SALARY PM

SIGNATURE: TITLE:..... DATE:.....

NOTES TO EMPLOYERS FOR COMPLETION OF THE MONTHLY PENSION REPORT FORM (SPF 12)

- 1) THIS FORM SHOULD BE COMPLETED TO PROVIDE THE BASIC RECORD FOR EACH PERSON IN EMPLOYMENT WHETHER FULL TIME OR PART TIME, FORWARDED WITH THE REMITTANCE FORM BY THE 15TH DAY OF THE MONTH FOLLOWING FOR THE MONTH IN WHICH PAYMENT WAS DEDUCTED.

- 2) “ GROSS SALARY” MEANS REMUNERATION IN MONEY PAYABLE IN RESPECT OF EMPLOYMENT INCLUDING ANY SUPPLEMENTATION AND COMMUTED ALLOWANCES ATTACHED TO THE POST. NOTE THAT IT DOES NOT INLCUDE ANY ONE OFF PAYMENT DURING ANY MONTH OR GRATUITY OR COMPENSATION PAYMENT.