



SEYCHELLES PENSION FUND REMITTANCE FORM FOR SPF CONTRIBUTIONS

Employer Number:..... Employer Name:

Address:

MONTHS	NUMBER OF EMPLOYEE (1)	COMP. CONTRIBUTION (2)		VOL. CONTRIBUTION (3)		SUR-(4) CHARGE	TOTAL (5) REMITTANCE
		EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE		
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							

AUTHORISED PAYEE SIGNATORY:..... TITLE:.....

CASHIER SIGNATURE:..... Receipt Number:..... Date:.....

[See notes overleaf]

Notes

1. *Gross Salary includes salaries/wages, allowances, overtime, bonuses and other payment which is employment related.*
2. *The compulsory contribution for employee is 2% and employer is 3.5% of the gross salary.*
3. *For each **new** voluntary contributions details of the employee (s) making this contribution must be provided on the form **SPF2**.*
4. *Late payment is liable to surcharge of 5% on amount outstanding, subject to a minimum surcharge of R10.*
5. *This must agree with total contribution paid by the employer.*

This form is to be submitted to the Seychelles Pension Fund, P O Box 576, Oceangate House, Victoria or any participating bank within 15 days after the end of each month. Contributors on La Digue should pay at the Bank branch office. Cheque should be made payable to the Seychelles Pension Fund and crossed....