

BUILDING INDUSTRY BARGAINING COUNCIL (EAST LONDON)

(Registered under the Labour Relations Act 1995)
050-540-NPO

Private Bag 4089
KORSTEN (P.E.) 6014



7-9 Stephenson Street
EAST LONDON
5201

Telephone 041 453 2751
043 722 1205
Fax No 086 516 0534
E-mail holfund@bipcpe.co.za
Website <http://www.bipcpe.co.za>

PAYOUT – OPTION FORM

EMPLOYER NUMBER

NAME OF BUSINESS

NB. CHOOSE ONLY ONE OPTION

OPTION 1: INDIVIDUAL CHEQUES FOR EMPLOYEES

Options Available in respect of Listings:

Please mark with X when applicable

- (a) In Employee Council registration number order, [C1]
or
(b) In alphabetical name order, [C0]
or
(c) In company number and/or clock number order [if on record] [C2]

Individual
Cheques printed
per Employee.
Listings in
format
requested

OR

OPTION 2: E.F.T. TOTAL TO EMPLOYER – BANK ADVICE/ STATEMENT PRINTED PER EMPLOYEE

See Note at Bottom

Options Available in respect of Listings:

Please mark with X when applicable

- (a) In Employee Council registration number order, [S1]
or
(b) In alphabetical name order, [S0]
or
(c) In company number and/or clock number order [if on record] [S2]

E.F.T. Total to
Employer.
Listings in format
requested. The
Employer
transfers the
funds into
employees Bank
Account

NOTE: OPTION 2 : PLEASE ENSURE THAT YOUR BANKING DETAILS ARE
REGISTERED WITH THE COUNCIL - SEE PAGE 2 OF THIS FORM

ALL REQUESTS I.R.O. THE ABOVE OPTIONS MUST BE SENT TO OUR OFFICES
A.S.A.P., ATTENTION MRS. H. JACOBS.

Dear Sir/Madam,

RE: ELECTRONIC PAYMENTS

Kindly furnish us with your banking details when you choose Option 2 to enable the office to make electronic payments direct to your bank account.

| | | |
|--------------|---|--|
| Employer No. | : | |
|--------------|---|--|

| | | |
|------|---|--|
| Bank | : | |
|------|---|--|

| | | |
|--------|---|--|
| Branch | : | |
|--------|---|--|

| | | |
|-------------|---|--|
| Branch Code | : | |
|-------------|---|--|

| | | |
|--------------|---|--|
| Account Type | : | |
|--------------|---|--|

| | | |
|----------------|---|--|
| Account Number | : | |
|----------------|---|--|

| | | |
|--------------|---|--|
| Account Name | : | |
|--------------|---|--|

| | | |
|----------------|---|--|
| Postal Address | : | |
| | | |
| | | |

| | | |
|--------------|---|--|
| Telephone No | : | |
|--------------|---|--|

| | | |
|--------|---|--|
| Fax No | : | |
|--------|---|--|

| | | |
|---------------|---|--|
| Email Address | : | |
|---------------|---|--|

PLEASE FAX BOTH PAGES IF ANY INFORMATION IS
FILLED IN ON THIS SIDE OF THE FORM

Should you require more information, please contact the office