NATIONAL UNION OF FURNITURE AND ALLIED WORKERS OF SOUTH AFRICA

9 MARITZ STREET BELLVILLE,KEMPENVILLE 7530 P.O.BOX 1543 SANLAMHOF,7532

REGISTRATION NO.LR2/6/2/89 SOUTHERN REGION CAPE TOWN BRANCH

TEL :(021) 948 5872 FAX :(021)-948 4254 MAIL TO:

NOTE: Monthly return of contributions to be submitted not later than the 15th DAY OF THE MONTH FOLLOWING THAT IN WHICH THEY WERE DUE to the Secretary, P.O. Box 1543, Sanlamhof ,7532

Identity Number	Surname of Employee	First Name	Trade Union Contribution	Please Indicate date engaged for
Identiteitsnommer	Van Van Werknemer	Voorname	Vakunie Maandelikse Bydrae	new employees and when employee left/resignation
			Full Month	
	HARGED ON PAYMENTS NOT RE			

INTEREST WILL BE CHARGED ON PAYMENTS NOT RECEIVED BY THE 15TH OF THE MONTH