



how can we help you?

Smart Housing Plan

INFORMATION WILL BE TREATED AS CONFIDENTIAL & WILL ONLY BE USED FOR INTENDED PURPOSES

1 BUSINESS INFORMATION

1,1 Registered Company Name: _____

1,2 Trading As: _____

1,3 Registration Number: _____ Date Business Commenced: _____

1,4 Legal Entity:

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Closed Corporation	<input type="checkbox"/> Municipality / TLC	<input type="checkbox"/> Non - Statutory Body
<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Company	<input type="checkbox"/> Union	<input type="checkbox"/> Other Institutions
<input type="checkbox"/> Closed Corporation	<input type="checkbox"/> Public Company	<input type="checkbox"/> Statutory Body	

1,5 Name of Holding Company: _____

1,6 Divisions / Subsidiaries: _____

1,7 Physical Address: _____

1,8 Postal Address: _____

1,9 Telephone Number/s: _____

1,10 Branches (Location) :

Code:		Postal Code:	
		Fax number:	
1		4	
2		5	
3		6	

1,11 Business Description : _____

2 HR / PAYROLL INFORMATION

2,1 Total number of Employees : Total Permanent Contributing Members

2,2 Name of Human Resources Manager :

2,2.1 Telephone number _____ Fax number: _____

2,2.2 Email Address _____ Cellphone: _____

2,3 Type of Payroll software : _____

2,4 Particulars of person who manages payroll (or if managed by a third party, particulars of the third party):

2,4.1 Name of employee / Company _____

2,4.2 Designation _____

2,4.3 Telephone number _____ Fax number: _____

2,4.4 Email Address _____ Cellphone: _____

2,5 Number of Payroll points :

	Contact Person	Area / City	Telephone number	Fax number	Email address
1					
2					
3					

If there are more than 3 payroll points to be included in this agreement, please list additional points on a separate sheet and attach.

2,6 Salary payment intervals :

	Interval	# of Employees	Payroll cut-off date	Salary payment date	Method (EFT, Cheque, etc)
1	Weekly				
2	Fortnightly				
3	Monthly				

2,7 Pension / Provident Fund Information:

Name of Fund: _____ Type of Fund: _____

Contact Person: _____ Telephone Number: _____

Administered by: _____ Telephone Number: _____

Contact Name: _____ Company Retirement Age _____

3 FINANCIAL INFORMATION

3,1 Company Banking details:

3,1.1 Name of Bank: _____

3,1.2 Name of Branch: _____

3,1.3 Account Number: _____

3,2 State details of the company's preferred method of repayment of all instalments to FNB Loans :

3,2.1 Electronic transfer or Direct / Cheque deposit