FORM A THE CLOTHING INDUSTRY PENSION FUND: EMPLOYERS APPLICATION TO JOIN

PAGE......

(See notes for directions for completion of

each section)

DETAILS OF EMPLOYEES

WITH.....MONTHLY STATEMENT \$

COMPANY NAME.....

DEPARTMENT.....

EMPLOYER CODE.....

													For Pension fund use only		
Employer reference	Surname	Name	Identity number	Date of birth	Sex M/F	Date joined or rejoined fund	Number of weeks not processed	Weekly contribution(see 0/1)		Gross weekly/monthly salary		If rejoining old membership number	Insert new pension number	No. of weeks	Contributions processed to date
													ļ		
													1		
													1		
													1		
													1		
										q) TOTAL EMPLOYEE CONTRIBUTION \$					
										r) TOTAL EMPLOYER CONTRIBUTION \$					
										s) TOTAL \$					

DATE.....

Submit the completed form to the Council IN DUPLICATE

AUTHORISED

FOR EMPLOYER

TOTAL PAYMENT INCLUDED