



THE RAND MUTUAL ASSURANCE COMPANY LIMITED

Class XIII COVID Declaration Submission

I, the undersigned, confirm that the actual and estimated employees to be insured and their actual and budgeted earnings, are as follows:

NB: You are required to submit for all three periods if you have not previously submitted to RMA.

Member Number : A1474

Member Name : Agrigel (PTY) Ltd

Month	1 March 2015 - 29 February 2016		1 March 2016 - 28 February 2017		1 March 2017 - 28 February 2018	
	Actual Earnings		Actual Earnings		Budgeted Earnings	
	Employee Earnings (Including all Managers and Directors)		Employee Earnings (Including all Managers and Directors)		Employee Earnings (Including all Managers and Directors)	
	Number	Earnings	Number	Earnings	Number	Earnings
Mar	9	61 225.94	8	68 949.49	8	68 949.49
Apr	9	71 361.54	9	60 907.04	8	54 139.59
May	9	59 845.94	8	58 468.09	8	58 468.09
Jun	8	58 245.94	10	73 077.73	8	58 462.18
Jul	8	67 859.54	10	64 495.61	10	64 495.61
Aug	9	60 165.94	11	79 789.71	11	79 789.71
Sep	11	74 241.54	11	68 675.41	10	62 432.19
Oct	13	71 845.94	13	68 235.41	10	52 488.78
Nov	13	74 245.94	12	84 521.01	10	70 434.18
Dec	13	146 076.13	12	133 177.21	10	110 981.01
Jan	8	48 161.20	7	47 610.88	8	54 412.43
Feb	8	58 924.42	8	61 149.91	8	61 149.91
Total	118	852 200.01	119	869 057.50	109	796 203.17
Average	10	71 016.67	10	72 421.46	9	66 350.26

Submitted by:

Name: Nicole Potgieter

Designation: Finance Manager

Date: 28/09/2017

Tel: 013 668 0000

Email: info@agrigel.co.za

Company Banking Information(On File)

Bank Name: Standard Bank

Account No. 022 925 597

Branch No: 05 26 44

Branch Name: Delmas

Type of Acc: Business Current/Cheque

I, the undersigned --Nicole Potgieter --, declare that I am duly authorised to complete the earnings declaration form/s on behalf of the company and solemnly confirm that the estimated earnings supplied above represent the best estimate of the projected employees earnings for the period under review as defined in terms of sections 63 of COIDA, 130 of 1993. I declare that I am declaring in line with the maximum COVID earnings limit and that I am responsible for updating my contact details with RMA where applicable.


 Authorised representative signature _____ Date 28/09/2017

Please email the completed and signed form to declarations@randmutual.co.za.