

Personal liability of employers for payment of Retirement Fund contributions

Section 1: Employer and Fund details

Name of fund **TOURISM, HOSPITALITY AND CATERING PENSION FUND (THACSA)**

Name of employer

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Section 2: Responsible Person

Employers must pay the employer and member contributions as set out in the fund's rules to the Fund. The contributions must be paid into the bank account of the Fund by no later than 7 days after the end of the month for which that contribution is payable. As from 28 February 2014, the Pension Funds Act imposed personal liability on certain parties within the employer's organisation to ensure the timeous deduction and payment of the contributions.

Who can be held liable?

- For companies: every director who is regularly involved in the management of the company's overall financial affairs.
- For close corporations: every member who controls or is regularly involved in the close corporation's overall financial affairs.
- For other employers: every person according to whose directions or instructions the governing body or structure of the employer acts, or who controls or is regularly involved in the management of the employer's overall financial affairs.

The Fund must ask the employer for the details of the person who could be held personally liable. If the employer does not give this information to the Fund, all the directors of the company, all the members of the close corporation regularly involved in the management of the close corporation or all the persons on the governing body of the employer will be held personally liable. This means that any person falling into any one of the above categories is legally responsible and accountable for ensuring that both the employer and member contributions are paid to the Fund within the 7 day period.

Since this is a legal duty, non-compliance may have serious repercussions for the person/s charged with ensuring compliance. Please provide the information of the person/s that will be personally liable as stated above.

Title	<input type="text"/>	Initial/s	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Designation	<input type="text"/>		
Email address	<input type="text"/>		
Telephone	<input type="text"/>		
Cellphone number	<input type="text"/>		

Section 3: Declaration by Responsible Person

I full names

declare that all particulars furnished in this form are true and correct.

Signed at

Signature of Responsible person	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 4: Declaration by Authorised Representative

I full names

declare that all particulars furnished in this form are true and correct.

Signed at

Signature of Authorised Representative

Date

D	D	-	M	M	-	2	0	Y	Y
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Authorised Representative - Person who is formally and properly employed to perform specified duties associated with an office of an agreement or contract.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and return the form to the following email address Ebfundservices@momentum.co.za
2. Should the Responsible person change, please complete a new form and return to Ebfundservices@momentum.co.za