



## INSTRUCTIONS FOR COMPLETION OF FORM SF5A

1. A return must be made every month if you have engaged no employees during the month then complete the details at the top of the form. (Employer Number, Name and Address and the the month and year to which the return relates) and write NIL across the body of the form.
2. Write employer's name, your name and address, and the month and year of return, at the top of the form.
3. In the main part of the form all columns should be completed except those marked "FOR OFFICIAL USE".
4. All columns are devided into spaces by small marks. Please write clearly in capital letters, ONE LETTER OR NUMBER TO EACH SPACE PROVIDED.
5. **EMPLOYEE'S FULL NAME** Twenty spaces are allowed for the name. Write the full name by which the employee is generally known, abbreviating to 20 characters if necessary.
6. **NAME OF FATHER/HUSBAND** For men and unmarried women, enter the father's name. For married women, enter the husband's name.
7. **DATE OF BIRTH** Payment of benefit will depend on date of birth so please ascertain accurately as possible. Enter the figures eg. 100356 for 10 March, 1956.
8. **SEX** Enter M for Masculine, F for Feminine.
9. **DATE OF EMPLOYMENT** Enter Day, Month and Year (which should be the current one) eg. 250593 for 25 May, 1993.
10. **PERSONNEL NUMBER** This column will not be used by the Fund and is included for your convenience only. If you enter a number here then this number will be printed on the contribution schedule for that employee.