



PO Box 245
Gallo Manor
2052

Tel (011) 253 7300
Fax (011) 253 7333
Email: liezlg@foodbev.co.za

MANDATORY GRANT – SCHEDULE OF LEVIES PAID

Levy Year: April _____ – March _____

Organisations whom have previously claimed rebates from FOODBEV SETA only need to update their monthly levy payments. This can be done the following ways:

- 1. Complete the grant claim form and fax / email to Corporate Services Manager**

- 1. SARS Skills Levy Registration Number: L _____**
- 1.2 Name of Company: _____
- 1.3 Skills Development Facilitator: _____

2. Bank Details:

This section needs to be completed in full if it is the first time you claim rebates from FOODBEV SETA or if the organisation's bank details have changed.

The bank account must be in the name of the employer or the trading name

Name of Bank	
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Branch Name	
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Account Type:	Current	
	Transmission	
	Savings	

Name of Account Holder	
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Branch Code			-			-			-		
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Account Number																			
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A copy of a cancelled cheque or a written confirmation from the bank stating that you are the rightful account holder must be attached. Should the bank details be the same as per your previous grant Claim Form, you do no need to attach a copy of a cancelled cheque again.

Signed: _____ (SDF)	Date _____
Signed: _____ (Accounting Officer)	_____



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You are herewith requested to provide us with the following information to assist in the accurate disbursement of your grant claims and to cross-reference against SARS data:

1. SARS Skills Levy registration number used for purposes of levy payment

L _____

2. If more than one company/division are included in the above payment, please provide a list of those companies and/or divisions i.r.o which skills levy payments are made:

<i>Name of Company/Division</i>	<i>PAYE Number</i>
_____	_____
_____	_____
_____	_____

3. To assist us in processing your grant claim accurately, please indicate the levy amounts paid to date:
(More than one L number - complete a separate table for each L number)

MONTH	LEVY PAID TO SARS
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	

<i>For Official Use Only:</i>	Date
Approved: _____ (Corporate Services Manager)	_____
Authorised: _____ (Financial Manager)	_____

Please return the completed form to:
 Liezl Gerrys
 Corporate Services Manager
 Email: liezlg@foodbev.co.za
 Fax: (011) 253 7333 PO Box 245, Gallo Manor, 2052