

NEC MEDICAL AND ALLIED INDUSTRY

9 Bodle Road, Eastlea, Harare: Tel No. 04-706411 or 706412 Email: info@necmedical.co.zw

PAYMENT OF MONTHLY NEC DUES FORM

BANKING DETAILS

Account Name: NEC Medial and Allied Industry
 Company NEC A/C No. 6115269610161
 Bank: FBC Bank Limited
 Branch: Nelson Mandela Avenue Branch

Account Name: NEC Medial and Allied Industry
 NEC NOSTRO A/C No. 2215269610262
 Bank: FBC Bank Limited
 Branch: Nelson Mandela Avenue Branch

ECO-CASH
 Merchant Code: 170900

Name of Company:.....

Address:.....

Tel Nos:..... Email:.....

Contributions for non-managerial staff for the month of:..... 20.....

	NAME	Job Title	0.5% Employee Contribution	0.5% Employer Contribution	TOTAL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
	TOTAL				

NOTE: Please attach a separate list of names if your contributors are more than 20

PAYMENT MADE BY CASH/BANK TRANSFER/ECO-CASH (*Delete Inapplicable*)

SIGNED:..... DESIGNATION..... DATE.....

This form must be fully completed to indicate your company name, your NEC account number and contributions paid in respect of all non-managerial employees. The NEC payment form must accompany payment, whether by cash or bank transfer. In the case of payments through the bank, the form plus a copy of bank transfer must be attached.

Official use:

Receipt Number _____

Date: _____

Signature: _____