

LEAVE AND PERSONAL TAX OPTION

Name and Surname: _____

ID / Passport No.: _____ or MHR no.: _____

LEAVE												
<p>By signing this form, I acknowledge that I will accrue leave and that the following conditions apply to the payment of my accrued leave:</p> <ol style="list-style-type: none"> 1. Leave is granted 1 hour for every 17 hours worked. 2. MHR pays a tariff excluding the leave component as the leave accrues according to the hours worked. Therefore, I will receive a lower tariff per hour, as my leave balance will accrue separately. 3. The leave balance will be paid quarterly at the end of February, May, August and November each year. 4. My accrued leave will be calculated and administered by MHR. 5. My accrued leave will be paid out on the scheduled quarterly payment date if my balance exceeds R100. If my balance is less than R100, it will be paid out on the next quarterly payment date when it exceeds R100. 6. Accrued leave is taxed during accumulation and is therefore not taxed when paid out. 												
PERSONAL TAX												
<p>Tax reference no.: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center; font-size: small;">(Number may only start with 0, 1, 2, or 3) NB: SARS tax document to be attached</p> <p>Please mark the applicable block with a ✓ to confirm your tax option:</p> <div style="margin-bottom: 10px;"> <table border="1" style="border-collapse: collapse; width: 50px; height: 50px; text-align: center; vertical-align: middle;"> <tr><td style="font-weight: bold; font-size: 1.2em;">A</td></tr> </table> <div style="margin-left: 10px;"> <p>I hereby confirm that I am employed elsewhere and earn additional income and request MHR to tax me _____% (I understand that this may not be less than 25%).</p> <p>Current Employer: _____</p> </div> </div> <div> <table border="1" style="border-collapse: collapse; width: 50px; height: 50px; text-align: center; vertical-align: middle;"> <tr><td style="font-weight: bold; font-size: 1.2em;">B</td></tr> </table> <div style="margin-left: 10px;"> <p>I hereby confirm that MHR is my sole source of income and request that my tax be deducted according to the normal SARS tax tables.</p> </div> </div> <p>IMPORTANT NOTE ON FUTURE CHANGES: Please inform MHR if you are no longer a moonlighter (permanent employment elsewhere) or if you have transitioned to a permanent employee status. Additionally, please inform MHR if your email address changes.</p> <p>By signing this form, I confirm that the information above is accurate, and I will notify MHR immediately of any changes to my employment status or email address.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;"> <p>Signature: Applicant/Panel member</p> </div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;"> <p>Date</p> </div> </div>											A	B
A												
B												