

# ACKNOWLEDGEMENT OF LIABILITY AND AGREEMENT TO PAY

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

## 1. PARTIES

EMPLOYER NAME \_\_\_\_\_

FULL NAMES OF EMPLOYEE/MEMBER \_\_\_\_\_

## 2. BACKGROUND

- 2.1 The Employee/Member is a member of a retirement fund sponsored by the Employer;
- 2.2 In terms of the Pension Funds Act 24 of 1956, a retirement fund may make certain authorised deductions directly from a member's retirement benefits for transmission to the Employer where such member has admitted liability;
- 2.3 This agreement serves to amplify the rights of an Employer against an Employee/Member vis-à-vis the retirement fund.

## 3. ACKNOWLEDGEMENT

- 3.1 The Employee/Member acknowledges himself to be truly and lawfully liable to the Employer in an amount as set out in this document;
- 3.2 The Employee/Member acknowledges that this debt / liability vis-à-vis the Employer had originated from the cause of debt as set out in this document, and that the consideration payable in respect thereof is payable directly from any benefit to which he, or any other beneficiary of his, may become entitled in terms of the rules of the retirement fund.
- 3.3 The Employee/Member agrees that his retirement benefits may on accrual to him, be utilised as aforementioned, whether in part or in full, to discharge his said liability. Any shortfall, if any, in excess of the proceeds of the said retirement benefit remains a debt owing to the Employer.

## 4. DOMICILIUM

For purposes of this agreement, the Employee/Member elects the residential address in this document as the domicilium citandi et executandi.

## 5. JURISDICTION

The Employee/Member agrees to the jurisdiction of the magistrates' court, notwithstanding that the amount involved may exceed the jurisdiction of the magistrates' court.

## 6. EXCEPTIONS

The Employee/Member renounces the benefits of the following legal exceptions: non numeratae pecuniae (monies not paid), non causa debiti (no cause of debt) and error calculi (calculation error).

## 7. CERTIFICATE

A certificate signed by an authorised appointee of the Employer reflecting the amount of the claim, or any balance from time-to-time, payable by the Employee/Member to the Employer is conclusive proof of such amount owing for the purposes of judgement.

## EMPLOYEE/MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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## EMPLOYER DETAILS

EMPLOYER NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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## CLAIM DETAILS

AMOUNT OF CLAIM R \_\_\_\_\_  
*(Approximate amount of employer damage and loss suffered)*

CAUSE OF DEBT:  THEFT  DISHONESTY  FRAUD  MISCONDUCT

MOTIVATE BACKGROUND \_\_\_\_\_

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## SIGNED BY THE PARTIES

EMPLOYEE/MEMBER \_\_\_\_\_

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

FULL NAME OF AUTHORISED SIGNATORY \_\_\_\_\_

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

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## PLEASE NOTE

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.