BARGAINING COUNCIL FOR THE CONTRACT CLEANING SERVICES INDUSTRY (KWA-ZULU NATAL)

15/21WOODFORDGROVE
STAMFORDHILL, 4000
TEL (031) 303 4959

E-mail Address: levies@bccci.co.za
Website Address: www.bccci.co.za

Company Name

Please use Acc No/ Registration no as beneficiary / deposit reference when making payment

Acc No / Reg No	
Telephone no	
Mobile Phone	
Fax No	
Email address	

Return for the Month of

Due by 7th of Following month

SECTION 1 - MONTHLY LEVIES

Wage Rate 01/04/2026 = R32.40 per hour KZN

	NOT RATE PER EMPLOYEE			
A	B	C	D	E
Total No of Employees (cleaners Only)	TOTAL Basic Income for all Cleaning Employees (excl allowances and overtime)	0,5% of Column "B" due by employer	0,5% of Column "B" due by employee	TOTAL DUE (C + D)

SECTION 2 - UNION AND NON-UNION VERIFICATION

All remittances must be accompanied by proof of payments made to unions that are party to the Council, together with the relevant schedules

The information below pertains to Employees in the KZN region ONLY (Cleaners only)

PARTIES TO THE COUNCIL	No of Employees
150-THOR	
200-NAGEWU	
250-SAUWOLIMO	
300-SATAWU	
400-NON MEMBERS	
600 - OTHER UNIONS	
TOTAL NUMBER OF EMPLOYEES	

NON PARTIES TO THE COUNCIL	No of Employees
Total No Other Unions	

SECTION 3 - Are you a member of the NCCA KZN Y/N

If yes, please state your KZN membership no

Checklist for attachments (Can submit in Excel format)

List of all employees with ID No's	
List of each of Union members (party to Council Only)	
Proof of payment to each of above Unions	
Proof of payment to Council	

900 - NON CLEANING STAFF

Management	
Administrative	
Supervisor	
Driver	
TOTAL	

LATE PAYMENTS ARE SUBJECT TO PENALTIES AT A RATE OF 10% PER MONTH

NB: Please ensure your contributions reaches the Secretary of the Council by the 7th of each month. Direct deposits / transfers can be made to Standard Bank, Branch Code 051001, Account Number 250910942. Please ensure that your Account no / Ref no / Company Name is capured when you make your payment electronically or over the counter at the bank. (Your registration Number is the reference to be used.)

PLEASE ENSURE THAT THIS REMITTANCE IS EMAILED / FAXED TO US AFTER ELECTRONIC TRANSFER / DEPOSIT HAS BEEN MADE TOGETHER WITH ALL THE RELEVANT SCHEDULES

Date	Name & Designation	Signature