



PO Box 5338  
Walmer  
6065  
Tel: 041 367 4936  
Fax: 086 561 8774  
Cell : 072 609 5979  
www.samontessori.org.za  
admin@samontessori.org.za

## CHILD LEVY ANNUAL RETURN – 2012

Name of School ..... Membership No. ....

Contact Person ..... Tel No. ....

Levy Amount to be paid per child, per month:    R3                    R4                    R5

Number of children as at 1 January 2012                    .....

Total Levy amount to be paid (Levy amount x no. of children x 12 months) R.....

Paid over as (tick your choice):

A lump sum

As quarterly payment of R.....

### Payment Notes:

1. Payment may be made by **electronic payment** or **bank deposit** (cheques must be made payable to "The Southern African Montessori Association") to:

Bank:	Standard Bank
Account Number:	015429377
Branch Name:	Centurion
Branch Code:	012 645
Reference:	Student LEVY & school name.

**FAX THIS RETURN TO 086 561 8774**

---