

African National Congress



CODESA Office

Fax Cover page

Tel: 397-2102 Fax: 397-2103
Att: Stephan Pearce

Att: ~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~

~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~ ~~Mr. M. M. M. M.~~ A. SACHS

Date: .. 12/03/93

Time:

Sending ... 3 ... pages (incl. cover)

Message:
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Pearce

The People Shall Govern!

MCH 11-65-3-13

African National Congress

51 Plein Street
Johannesburg 2001
P O Box 61884
Marshalltown 2107



Tel: (011) 330-7000
Fax: (011) 333-9090
Telex: 421252

CODESA Office
11 March 1992

Dear Comrade SACHS.....

We have been informed by CODESA that each delegate and advisor will be allocated a *per diem* allowance of R 200:00 (minus tax) for every day of meetings attended. The Negotiations Commission of the ANC has decided to request the Management Committee of CODESA to forward the allowances of all ANC delegates and advisors to a central Negotiations Commission account. In order to facilitate this process you are required to

1. Fill in and sign a delegates's registration form for the *per diem* allowance
2. Fill in the claim for each meeting you attend
3. Complete the claim form for meetings attended to date, beginning 13 January, 1992

I am faxing you sample copies of the two documents mentioned. Could you please fax me the necessary details, or compile it so that I can fill the forms telephonically, or bring completed forms when you are next at CODESA. Please also report to this office when you are here, to sign and fill in the forms weekly, and also to expedite the general work of this office.

Comrade, this is urgent - I beg your fullest co-operation.

Thank you
Yours sincerely

Stephen Pearce
Administrator
ANC Office (World Trade Centre)

N.B. Please note that this office's numbers are as ff.:
Telephone: (011 - 397 2102) Fax: (011 - 397 2103)

The People Shall Govern!

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR FOR PER DIEM ALLOWANCE

Name: _____

Address _____

Postal Code _____

Telephone number _____ Fax number _____

MEMBER OF WORKING GROUP
PARTY*/ORGANISATION*:
<small>*Delete where not applicable</small>

DETAILS OF MEETING/S CLAIMED FOR

Date of Meeting	Meeting	FOR OFFICE USE ONLY	
		AR Confirmation	Amount

SIGNATURE OF CLAIMANT _____

DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

REGISTRATION FORM FOR PER DIEM ALLOWANCE

Name: _____

Address _____

Postal Code _____

Telephone number: _____ Fax number _____

MEMBER OF WORKING GROUP/
PARTY*/ORGANISATION*:
<small>*Delete where not applicable</small>
INCOME TAX REFERENCE NUMBER:
Name of employer:
Address:
Telephone: Fax number:

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

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