



AIR NIUGINI SAVINGS & LOAN SOCIETY LTD

Your Key for a Better Future

IRREVOCABLE DEDUCTION AUTHORITY FORM

Date: _____

The Paymaster

Dear Sir/Madam,

SUBJECT: IRREVOCABLE DEDUCTION AUTHORITY

I, _____ Staff No. _____

Occupation _____ Department _____

Hereby authorise you to deduct the sum of _____ K _____
each fortnight from my salary and that you pay this money to Air Niugini Savings & Loan Society Ltd.

This authority will also allow you to deduct from any monies payable by my employer upon my retirement or termination of my employment. Such sum as the Air Niugini Savings & Loan Society Ltd shall advise is owing to clear my indebtedness to the Society and to accept their receipt thereof.

NEW DEDUCTIONS

Minimum	K5.00	S1	_____	Personal Savings
Minimum	K10.00	S2	_____	Oncall Savings
Minimum	K10.00	S3	_____	Christmas Savings
Minimum	K10.00	S4	_____	School Fee Saver
Minimum	K36.00	S5	_____	Life/Medical Saver
Minimum	K5.00	S6	_____	Pikinini Savings
Minimum	K10.00	S7	_____	Housing Savings
			_____	Total

This authority shall not be revoked without the consent and approval of Air Niugini Savings & Loan Society Ltd.

APPLICANT

WITNESS

Name: _____

Signature: _____

Signature: _____

Date: _____

Staff ID No.: _____ Date: _____

Authorised by Society: _____ Date: _____