



# AIR NIUGINI SAVINGS AND LOAN SOCIETY LIMITED

## IRREVOCABLE AUTHORITY DEDUCTION

TO MY EMPLOYER:

ATTENTION: Officer in charge / Salary Section

Name:		Membership No.	
Employed By:		Employee File No.	
Occupation:		Phone:	
Department		Email Address:	
Work Phone No.		Work Place:	

I Hereby **Direct and Authorize** you to deduct an amount of K..... from my salaries every fortnight and pay to my account with **Air Niugini Savings and Loan Society Limited**.

- In the event of my retirement or termination of employment, I **agree** to fully repay any monies owing by me to the society,
- And if an amount of monies is still owed by me, the Society shall be entitle to claim my final entitlements that may accrue to me and apply it against the outstanding balance.

### The breakup's of the fortnightly Salary / Wages

CURRENT RATES	DESCRIPTION	MINIMUM DEDUCTION	NEW RATES
	Personal Savings Account S1	K 5.00	
	Oncall Savings Account S2	K 10.00	
	Christmas Savings Account S3	K 10.00	
	School Fees Saver Account S4	K 10.00	
	Life / Medical Saver Account S5	K 55.00	
	Pikinini Savings Account S6	K 10.00	
	Housing Savings Account S7	K 10.00	
	Travel Savings Account S8	K 10.00	
	Personal Loan Account (Regular Loan Account) L1	N/A	
	Personal Loan Account (Excess Loan Account) L1.1	N/A	
	<b>TOTAL AMOUNT</b>		

This agreement is irrevocable and may not be cancelled or tempered without the consent of **AIR NIUGINI SAVINGS AND LOAN SOCIETY LIMITED**, unless it is change or cancelled by ANGSL in writing to the Employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

We acknowledge to comply with the above order.

Pay Officer: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

### FOR OFFICE USE ONLY

Personal Savings (S1) Balance:	K	If S2,S3,S4,S6 deductions Check if any previous account in the last six (6) months.  <b>Yes / No</b> <b>Authority Approval/ Declined</b>
Current Loan Balance:	K	
New / Additional Loan:	K	
New Loan Balance:	K	
Loan Repayment rate	K	

Manager / Finance Officer \_\_\_\_\_ Date: \_\_\_\_\_