

# NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

P.O.Box 7732, BOROKO, National Capital District, Ph. (675) 325 7166, Fax. (675) 325 6347

## Salary Deduction Authorization Form

TO: The Pay Office

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Current NCSL Deductions (fortnightly/monthly)

General Savings \_\_\_\_\_

Education Savings \_\_\_\_\_

Christmas Savings \_\_\_\_\_

Loan Repayment \_\_\_\_\_

New NCSL Deductions (fortnightly /monthly)

General Savings \_\_\_\_\_

Education Savings \_\_\_\_\_

Christmas Savings \_\_\_\_\_

Loan Repayment \_\_\_\_\_

I authorize the deduction of K\_\_\_\_\_ (note minimum amount of K20/savings) from my salary to be paid fortnightly/monthly (circle whichever applicable) to the NAFUND Contributors Savings & Loans on my behalf.

Name: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Employer Acknowledgement:

Member No.	Name	Education	General	Christmas	Loan	Total	Date Effective

I certify that the particulars above are to the best of my knowledge true and correct.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

*Affix Company Stamp*

*Here*

Note: After completing the form send it two (2) weeks before the beginning of the deduction period to: -

The Manager  
NASFUND Contributors Savings & Loans Society Ltd  
P O Box 7732  
Boroko  
National Capital District