



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL1

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

SALARY DEDUCTION AUTHORIZATION FORM

To: The Pay Office

NASFUND Membership No:

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I authorize the deduction of K_____ (note: minimum amount of K20.00) from my salary, to be paid weekly/fortnightly/monthly (circle whichever is applicable) to the NASFUND Contributors Savings & Loan Society on my behalf.

General Savings (S1)	Education Savings (S2)	Christmas Savings (S3)	Total
K	K	K	K

NOTE: Members can allocate savings to one or more of the accounts listed above.

Name: _____

Signature: _____

Date: / / _____

EMPLOYER ACKNOWLEDGEMENT:

Signature of Authorised Official: _____

Designation: _____

Date: / / _____

NOTE: After completing this Form, send it two (2) WEEKS Before the beginning of the deduction period to:

The Manager
NASFUND Contributors Savings & Loan Society Ltd
P O Box 7732
BOROKO
National Capital District