



Nambawan Super Limited

P. O. BOX 483, PORT MORESBY, PAPUA NEW GUINEA. TELEPHONE: +675 309-5299 FAX: +675 321 4474

LIMITED

AUTHORITY TO EMPLOYER TO ADD VOLUNTARY FORTNIGHTLY SUPERANNUATION CONTRIBUTIONS

To: The Payroll Officer
Staff & Salaries Section
Dept/Company (address)

From: _____

Payroll No: _____ POSF No: _____

Date of Birth: ____/____/____ Sex (M/F) _____

Date joined Department: ____/____/____.

Date joined the POSF: ____/____/____.

I hereby authorize you to add my voluntary fortnightly superannuation deduction to Nambawan Super Limited as follows:

New fortnightly Voluntary contribution amount: _____

Please process under CONCEPT Benefit code: _____

I understand that this is an addition to my current fortnightly contribution amount: (6%)

I further authorize and direct you to make a lump sum deduction at the time of my leave period equal to the amount that would normally have been deducted during the period of leave and remit to POSF Limited on the above address.

Member's Signature

_____/_____/_____
Date

For completion by Payroll Officer or Authorised Officer of the Dept/Company

Signature of Payroll Officer or Authorised Officer

_____/_____/_____
Date

Designation: _____