



**IRREVOCABLE AUTHORITY FORM  
FOR SALARY DEDUCTIONS**

To: .....  
..... (Name and address of employer)  
.....  
.....

\*(Deduction CODE: DSSSH)-(Applicable to Public Servants only)

I..... of .....  
(Name of Member) .....  
.....  
(Address of Member/Applicant)

Hereby authorise my above named employer to increase my employee contributions for Housing Advance repayment to:-

- (a) 2% per fortnight or
- (b) More than 2%.....(Indicate in % only)

from my wages commencing PPE:.....20..... and to continue until countermanded and direct named employer to pay such deductions to Nambawan Super Limited as trustee of Nambawan Super ("the Trustee") to my credit.

I further acknowledge and direct that this authority is irrevocable and may not be terminated or countermanded except by written authority from the Trustee to may said employer.

Dated this.....day of.....20.....

.....  
Signature of Applicant

.....  
Witness by HR Officer (By the Employer)

**NOTE:** That PVA **MUST** be raised and first pay deductions showing on payslip before release of cheque payment.