



P O BOX 483, PORT MORESBY, PAPUA NEW GUINEA. TELEPHONE: + 675 3095200,  
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**LIMITED**

**PAY VARIATION ADVICE - EMPLOYEE VOLUNTARY CONTRIBUTION DEDUCTION:**

To: The Payroll Officer  
Staff & Salaries Section

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Payroll No: \_\_\_\_\_

Nambawan Super No: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex (M/F): \_\_\_\_\_

Date of Employment: \_\_\_/\_\_\_/\_\_\_

Date joined Nambawan Super: \_\_\_/\_\_\_/\_\_\_

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

New fortnightly voluntary contribution rate: (Choose from 0% – 9%)  *Fill in your choice.*

**Note:** Departments under the ICT ALESCO Payroll System in the Finance Department should process this deduction under the Voluntary Deduction Code: **BPOSS**. All other contributing authorities including Private Sector Employers should have alternative arrangements to show the voluntary portion of their employees' contributions to the Fund.

**Note:** If you are currently repaying a housing advance (2%), you are to choose your new voluntary contribution from 0% – 7%.

I understand that this is in addition to my current minimum prescribed fortnightly contribution rate of 6%.

I further authorise 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 Nambawan Super Limited on the above address. Total employer contribution (Mandatory plus Special) should not exceed 15%.

\_\_\_\_\_  
Member's Signature

\_\_\_/\_\_\_/\_\_\_  
Date

**For completion by Payroll Officer of the Dept/Company**

\_\_\_\_\_  
Signature of Payroll Officer or Authorised Officer

\_\_\_/\_\_\_/\_\_\_  
Date

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