



Irrevocable Authority for salary deductions

Name: _____
Address: _____

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

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

Hereby authorize 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.

Date

Signature of Applicant

Witness by HR Officer (By the Employer)

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

