

**DETAILS OF PAYROLL OFFICER**

The Payroll / HR Manager  
.....  
.....  
.....

Dear Sir / Madam

I, ....., occupation, .....with an Employee/File No..... and NSLS Membership No..... request that you deduct **K.....** fortnightly from my salary, the total amount/break up indicated below and pay directly to **NAMBAWAN SAVINGS & LOAN SOCIETY LIMITED**. (Deduction Code: **DNSLS**)

The Society reserves the right to alter my current payroll deductions to meet the minimum loan repayment requirements. In the event that I exit contribution due to completion of contract, termination or resignation, the Society is sanctioned to claim from my savings or any entitlements due, such as resignation pay, long service leave pay, gratuity and commissions shall be forwarded to NSLS to fully repay my outstanding loan facility.

This authority is irrevocable and **SHALL NOT** be cancelled without the consent of **NAMBAWAN SAVINGS & LOAN SOCIETY LIMITED**.

This order also supersedes any current order in place.

Signature

Date:

Location:

**THE BREAK-UP OF THE TOTAL TO BE DEDUCTED IS SHOWN HEREIN;**

**CURRENT DEDUCTION**

- 1:1 Loan Repayment **K** \_\_\_\_\_
- 1:2 Loan Repayment **K** \_\_\_\_\_
- 1:5 Loan Repayment **K** \_\_\_\_\_
- General Savings **K** \_\_\_\_\_
- Christmas Club Savings **K** \_\_\_\_\_
- School Fee Savings **K** \_\_\_\_\_
- Housing Equity Saver **K** \_\_\_\_\_
- Tertiary Education Saver **K** \_\_\_\_\_
- MSME **K** \_\_\_\_\_
- Total** **K** \_\_\_\_\_

**NEW DEDUCTION**

- 1:1 Loan Repayment **K** \_\_\_\_\_
- 1:2 Loan Repayment **K** \_\_\_\_\_
- 1:5 Loan Repayment **K** \_\_\_\_\_
- General Savings **K** \_\_\_\_\_
- Christmas Club Savings **K** \_\_\_\_\_
- School Fee Savings **K** \_\_\_\_\_
- Housing Equity Saver **K** \_\_\_\_\_
- Tertiary Education Saver **K** \_\_\_\_\_
- MSME **K** \_\_\_\_\_
- Total** **K** \_\_\_\_\_

**PAYROLL SECTION**

We acknowledge that we will comply with the above order.

**New Authority**  Approved  Rejected  Deferred

Date Salary Deduction Authority Dispatched: ...../...../.....

Approval Given By:

Name: .....

Signature of Payroll Officer: .....

Company / Department Stamp Here

**NSLS OFFICE USE**

NSLS Stamp Here

Start Date: ...../...../.....

Name: .....

Actioning Officer:

.....

**THIS AUTHORITY SUPERSEDES ANY AUTHORITY NOW CURRENT**