



AIR NIUGINI SAVINGS & LOAN SOCIETY LTD

Your Key for a Better Future

www.angsl.com.pg

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IRREVOCABLE DEDUCTION AUTHORITY FORM

Date: _____

To Payroll

Dear Sir/Madam,

SUBJECT: IRREVOCABLE DEDUCTION AUTHORITY

Name: _____ Employee File No: _____

Employed By: _____ Work Phone: _____

Email Address: _____ Occupation: _____

Department: _____ Work Place: _____

I, Hereby **Authorise** you to deduct the sum of K _____ from my salaries every fortnight and pay to my account with **Air Niugini Savings and Loan Society Ltd.**

This authority will also allow you to deduct from any monies payable by my employer upon my retirement or termination of my employment. Such sum as the Air Niugini Savings and Loan Society Ltd shall advise is owing to clear my indebtedness to the Society and to accept their receipt thereof.

NEW DEDUCTIONS		MINIMUM DEDUCTION	NEW RATES	
Personal Savings Account	S1	K 5.00		
Oncall Savings Account	S2	K10.00		
Christmas Savings Account	S3	K10.00		
School Fees Saver Account	S4	K10.00		
Life/Medical Saver Account	S5	K43.00		
Pikinini Savings Account	S6	K10.00		
Housing Savings Account	S7	K10.00		
Traveling Savings Account	S8	K10.00		
TOTAL AMOUNT (K)				

This authority shall not be revoked without the consent and approval of Air Niugini Savings and Loan Society Ltd.

APPLICANT

WITNESS

Name: _____

Signature: _____

Signature: _____

Date: _____

Staff ID No.: _____ Date: _____

FOR OFFICE USE ONLY

Authorised by Society: _____ Date: _____