



AIR NIUGINI SAVINGS AND LOAN SOCIETY LIMITED

IRREVOCABLE AUTHORITY DEDUCTION

TO MY EMPLOYER:

ATTENTION: Officer in charge / Salary Section

Name:		Membership No.	
Employed By:		Employee File No.	
Occupation:		Phone:	
Department		Email Address:	
Work Phone No.		Work Place:	

I Hereby **Direct and Authorize** you to deduct an amount of K.....from my salaries every fortnight and pay to my account with **Air Niugini Savings and Loan Society Limited**.

- In the event of my retirement or termination of employment, I **agree** to fully repay any monies owing by me to the society,
- And if an amount of monies is still owed by me, the Society shall be entitle to claim my final entitlements that may accrue to me and apply it against the outstanding balance.

The breakup's of the fortnightly Salary / Wages

CURRENT RATES	DESCRIPTION		MINIMUM DEDUCTION	NEW RATES
	Personal Savings Account	S1	K 5.00	
	Oncall Savings Account	S2	K 10.00	
	Christmas Savings Account	S3	K 10.00	
	School Fees Saver Account	S4	K 10.00	
	Life / Medical Saver Account	S5	K 46.00	
	Pikinini Savings Account	S6	K 10.00	
	Housing Savings Account	S7	K 10.00	
	Travel Savings Account	S8	K 10.00	
	Personal Loan Account (Regular Loan Account)	L1	N/A	
	Personal Loan Account (Excess Loan Account)	L1.1	N/A	
	TOTAL AMOUNT			

This agreement is irrevocable and may not be cancelled or tempered without the consent of AIR NIUGINI SAVINGS AND LOAN SOCIETY LIMITED, unless it is change or cancelled by ANGSL in writing to the Employer.

Signature of Applicant: _____ Date: _____

We acknowledge to comply with the above order.

Pay Officer: _____ Company Stamp: _____

FOR OFFICE USE ONLY

Personal Savings (S1) Balance:	K	If S2,S3,S4,S6 deductions Check if any previous account in the last six (6) months. Yes / No Authority Approval/ Declined
Current Loan Balance:	K	
New / Additional Loan:	K	
New Loan Balance:	K	
Loan Repayment rate	K	

Manager / Finance Officer _____ Date: _____