



## Salary Deduction

## Authorisation form

SL 1

To: The Pay Office									
Current Deductions o fortnightly o monthly					Proposed Deductions ofortnightly omonthly				
General Savings:				General Savings:					
Education Savings:				Education Savings:					
Christmas Savings:				Christmas Savings:					
Loan Repayment:					Loan Repayment:				
Poro Account:					Poro Account:				
I authorise the deduction o	f the above pro	oposed amount	t(s) K		from my salo	ıry to be paid	O fortnightly C	monthly to ncsl.	
Date:				Membership Number:					
Name:					Signature:				
Employer Acknowledge	ment:								
Name	Education	General	Christ	tmas	Loan	Poro	KSA	Total	
		<u> </u>	<u> </u>			_			
			<u> </u>						
I confirm that the particulars	above are tru	e and correct.							
Date:				Membership Number:					
affix employer stamp here				1					
and only of or stamp here				Signature:					
Note: After completing this form e-mo	il it two (2) weeks l	before the beginning	g of the de	duction pe	eriod to: membe	ship@ncsl.com.pg	9		
For Office:									
Date Received:	eived: Received By:								
Updated By:	Signature:								
Date Back Office:	Date:				Status:				