



Salary Deduction Authorisation form

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Employer Name:	Branch:
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Current Deductions fortnightly monthly

Proposed Deductions fortnightly monthly

General Savings:	General Savings:
Education Savings:	Education Savings:
Christmas Savings:	Christmas Savings:
Loan Repayment:	Loan Repayment:
Poro Account:	Poro Account:

I authorise the deduction of the above proposed amount(s) K _____ from my salary to be paid fortnightly monthly to NCSL effectively this coming PPE Date: _____ without any delays.

Members Full Name:	Membership Number:
Date of Submission:	Signature:

Employer Acknowledgement:

Member No.	Name	Education	General	Christmas	Loan	Poro	Total	Date Eff

I confirm that the particulars above are true and correct.

Date:	Membership Number:
Name: affix employer stamp here	Signature:

Note: After completing this form e-mail it two (2) weeks before the beginning of the deduction period to: membership@ncsl.com.pg

For Office Only:

Date Received:	Received by:	
Date Received by Branch Support:		
Updated by:	Approved by:	Status: