


AUTHORITY TO DEDUCT (ATD) FORM FOR NTMA REVIEWEES

Name : Peria, Añgelo M. **YEAR/BATCH:** _____
(First, Middle, Last Name, Suffix)
Rank : 3/M
Course : AFF - Advanced Fire Fighting
Training Date : 04 December 2023 - 11 December 2023

Package : **Package 1** - Training/Assessment Fee + Meals on Practical Day
 : ☒ **Package 2** - Training/Assessment Fee + Meals on Practical Day + Roundtrip shuttle
 : **Package 3** - Training/Assessment Fee

TOTAL TRAINING FEE 6,730

Dormitory Details - Not applicable for one 1-day practical training
 - Please note that NETI requires all staying in the dormitory to present negative RAT result upon check-in.

Room Type : At this time all available rooms are single occupancy rooms for the safety of trainees.
Check-In Date : N/A **Check-out Date** : N/A
Dorm & Meals Rate : N/A **Duration of Stay** : N/A

TOTAL DORMITORY & MEAL FEE N/A -

TOTAL AMOUNT DUE (Training Fee + Dormitory & Meal Fee) 6,730

This is to authorize **NETI** through NYK-Fil Ship Management, Inc. to deduct the **total amount due** from my monthly allotment as payment for the expenses in relation to my training/assessment.

Confirmed by:

Peria, Añgelo M.

Trainee
 (Signature over printed name)