

**AUTHORITY TO DEDUCT (ATD) FORM FOR NYK-FIL CREW**

Name : \_\_\_\_\_ YEAR/BATCH: \_\_\_\_\_  
(First, Middle, Last Name, Suffix)  
Rank : \_\_\_\_\_  
Course : \_\_\_\_\_  
Training Date : \_\_\_\_\_

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 \_\_\_\_\_

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 : \_\_\_\_\_ Check-out Date : \_\_\_\_\_  
Dorm & Meals Rate : \_\_\_\_\_ Duration of Stay : \_\_\_\_\_  
TOTAL DORMITORY & MEAL FEE \_\_\_\_\_ -

TOTAL AMOUNT DUE (Training Fee + Dormitory & Meal Fee) \_\_\_\_\_

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:

\_\_\_\_\_  
Trainee  
(Signature over printed name)