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FINANCIAL AUTHORISATION FOR SALARY DEDUCTION TO PAY MONTHLY MEMBERSHIP SUBSCRIPTIONS TO THE TRAINERS AND ALLIED WORKERS UNION (TAWU).

APPENDIX D: OFFICIAL DEDUCTION CONSENT FORM DATE: NAME OF MEMBER: INSTITUTION: POSITION: PAYROLL No ÆXEMPTION CERTIFICATE No:_____ STATEMENT OF AUTHORISATION: I hereby authorize the Accountant General to deduct monthly from my salary the amount of P...... for a period of onward payment to First Capital Bank Limited. I declare to fully comprehend my responsibility to fully discharge the loan owing herein terms of the Agreement I entered into with I further declare that I fully comprehend that the loan owing is mine to discharge and not the responsibility of the Accountant General or my employer. I, therefore, take responsibility to ensure that the correct instalments are deducted monthly for a period not exceeding Months, commencing and ending PLACE: SIGNATURE: DATE: I.D./PASSPORT NO:_____