Port Moresby Head Office

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EMPLOYEE DEDUCTION ADVICE

	le	dentified By	/:					
Manager – PARS	(Supreme Finance Staff)							
Department	·	C'						
Р.О. вох	3	Signature:						
•••••								
Employment File	No :	····		_				
Last Name	:		· · · · · · · · · · · · · · · · · · ·					
First Name	:							
Organization :			Province:					
I hereby authorize yo	ou to deduct from my salary an	amount of K:	for the period	of	co	nsecuti	ve for	tnights
and remit to SUPRE	EME FINANCE.							
In the occasion of my	y leave, suspension, termination	or default I autho	orize you to deduct	and forwar	d a lump si	ım ded	uction	from
	s to pay to the amount owed to		•		d a lump so	iiii dedi	uccion	11 0111
my leave enduement	is to pay to the amount owed to	Jupi eme i ma	nce including an pen	aities.				
This authority is irre	vocable and shall remain in forc	e and effect witho	out any variation unt	il the loan	is fully rep	paid.		
Deduction Code Description A/U/D			Amount per For	tnight	Total a	mount		
DSUFI	Supreme Finance							
Employee Signature Date			Supreme Finance Stamp					
EDUCATION DE	PARTMRNT USE ONLY							
Received by:	Date:		Entered By:					
Date Commence Deduction:			Date Entered:					.
Approved By:								
Date: :								
			1					