

PERSAL NO:

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For use in respect of Insurance by all Government departments in the Republic of South Africa

I, the undersigned:

Name and Surname			
ID number		Salary No.	
Workplace		Rank	

Hereby authorize the Accountant of the Department/Administration of

_____ to deduct monthly with effect from _____ 20____ the premium amount of R_____ from my salary and to remit it to the Insurer INSTITUTION CODE _____ until such time as I cancel this authorization in writing or substitute it with a new authorization.

Should the relevant premium be adjusted by the institution because of a genera decrease/increase in subscription or should I request the Institution to decrease/increase the subscription for certain reasons, I confirm that the adjusted premium may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Signed at _____ on this _____ day of _____ 20_____

Signature: _____

INTERMEDIARY/ADMINISTRATOR

Registered Name			
FSP No.		Phone No.	
Email			