

SALARY DEDUCTION ORDER

Date

To:

The personnel Officer / permanent Secretary / Human Resource Manager/MD

Employer

P.O. Box

Dear sir/madam

RE:AUTHORITY TO DEDUCT PREMIUM FOR POLICY NO

I hereby authorize and request you to deduct from my salary each month Kshs _____(in words) _____

_____ until further notice the premium shown below and remit it to MADISON LIFE ASSURANCE CO. LTD. P.O. BOX 47382 - 00100 NAIROBI quoting the applicant, policy number, amount and employment or payroll numbers.

The first salary deduction to commence in the month of _____ Year _____

Note that the premium deducted will be used to pay premium or loan that falls next month.

However the policy or loan amount will be credited when premiums are received.

Type of payment - policy premium Policy Loan Repayment (Tick One)

Names of the Applicant		
Payroll/Employment number		
Pin No:	ID No:	
P.O. Box	Code:	Town:
Tel No:	Email	
Signed:	At:	Date:

Agent's Name..... Code No.....

Agent's Signature..... Date:.....

Agency/Unit Managers Name.....

Agency Managers Signature..... Date:.....

VERY IMPORTANT FOR TSC, MILITARY,OP AND COUNTY EMPLOYEES

<input type="checkbox"/> TSC EMPLOYEES NAME OF SCHOOL _____ H/TEACHERS NAME _____ SIGNATURE AND STAMP _____	<input type="checkbox"/> MILITARY PERSONNEL UNIT RUBBER STAMP _____ UNIT NO _____ DEPARTMENT NO _____ PAYMASTERS NAME STAMP _____ & SIGNATURE _____
<input type="checkbox"/> COUNTY EMPLOYEES NAME OF COUNTY _____ NAME OF STATION _____ DEPT _____ SUPERVISOR'S NAME _____ SIGNATURE AND COUNTY STAMP _____	<input type="checkbox"/> OFFICE OF THE PRESIDENT POLICE DEPARTMENT: <input type="text"/> ADMINISTRATION POLICE: <input type="text"/> CIVILIANS: <input type="text"/>