

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

TSC EMPLOYEES

NAME OF SCHOOL _____

H/TEACHERS NAME _____

SIGNATURE AND STAMP _____

COUNTY EMPLOYEES

NAME OF COUNTY _____

NAME OF STATION _____ DEPT _____

SUPERVISOR'S NAME _____

SIGNATURE AND COUNTY STAMP _____

MILITARY PERSONNEL

UNIT RUBBER STAMP _____

UNIT NO _____

DEPARTMENT NO _____

PAYMASTERS NAME STAMP _____

& SIGNATURE _____

OFFICE OF THE PRESIDENT

POLICE DEPARTMENT:

ADMINISTRATION POLICE:

CIVILIANS: