

Date: ____ / ____ / 20 ____

DEDUCTION CODE: **DKUND**

RE: IRREVOCABLE SALARY DEDUCTION AUTHORITY

OFFICE USE ONLY:

Attention to:

THE PAYMASTER

PO BOX _____

Applicant Name		Payroll No.	
Deduction Amount Per F/N	K _____	Commencing Payroll Date	___/___/20___
No. of Consecutive Fortnights	Fortnights _____	Cease Payroll Date	___/___/20___
Loan Commencement Date	___/___/20___	Last Payment Amount	K _____

Dear Sir / Madam,

I, hereby authorize you to deduct from my fortnightly salary consecutively as per details appended in the table above, until further notice and remit the subject salary deduction to Kundu Finance Limited via a cheque payment or credit the following bank account details:

**Kundu Finance Limited - Bank Account Details:
Bank of South Pacific Ltd | Account No. : 0000-301846 | BSB No. : 088-294**

Upon my resignation or termination, you are hereby authorized to remit from my final entitlements, the outstanding balance of my loan to Kundu Finance Limited or its appointed nominee.

The above authority is irrevocable without the written consent of Kundu Finance Limited.

From: _____ Payroll No. : _____ Signature: _____

Applicant's Name

I, hereby acknowledge receipt of the above irrevocable authority. The date of the Salary / PVA Deduction Approval date is on ____ / ____ / 20 ____ .

Pay Officer's Full Name

Pay Officer's Signature

Date

Company /
official
stamp / seal

NOTE: Please ensure that the applicant has sufficient entitlement held before acknowledging this document