



Salary Deduction Cessation Authority

To _____
Paymaster: _____

Please cease housing advance salary deduction of K_____ for Employee: _____

Employer No: _____ commencing PPE: _____ in respect of the above employee who had paid housing Allowance in full/never obtained housing advance.

(*Delete which is applicable)

Dated this: _____ day of _____ 20_____.
For and on behalf of **NAMBAWAN SUPER LIMITED**.

Contributions Officer