



CHOICE SUPER CONTRIBUTION SALARY CESSATION OR VARIATION FORM



This form is issued to your pay office after approval and stamped by Nambawan Super Limited.

To: OIC Staff and Salaries

Member's Details

Surname

Given Name

Payroll No. Membership No.

Request to Paymaster

- (i) Please stop current deduction of K_____ from my fortnightly/monthly contribution to my choice super account.
- (ii) Please start deduction of K_____ from my fortnightly/monthly contribution to my choice super account.
- (iii) Please change my current deduction from K_____ to K_____ each fortnightly/monthly into my choice super account.

Member's Authorisation

Member's signature: _____

Date: ____/____/____

Location: _____

NSL USE ONLY

Deduction Code

Description

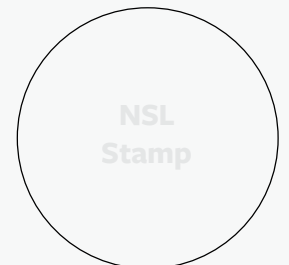
Amount (PGK) per f/n or month

Action Officer's Name:

Reason for variation:

Signature:

Date:



EMPLOYER USE ONLY

Staff section/Accounts Section

Data Entry Use Only

Checked by: _____

Data Entered: Date ____/____/____

Date: ____/____/____

Effected as of Pay Period No. _____

Approved by: _____

Entered by: _____

Date: ____/____/____

Signature: _____

