



AUTHORISATION FOR SALARY DEDUCTIONS

(Form to be completed in triplicate)

Branch _____

Employee Name _____
SURNAME FIRST NAME

Company Name _____

Company Address _____

To: The Accountant,

Dear Sir/Madam,

I hereby authorise the sum of _____ Dollars
 (\$ _____) to be deducted (weekly, fortnightly, monthly) from my salary payable to:

Barita Investments Limited
 15 St. Lucia Way, Kingston 5

Such payments should be invested in the name of _____

deductions should begin _____ .

APPROVAL

 Signature of Employee

 Signature of Accountant

 Date

 Date



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