

The Manager  
Salary Service Bureau  
P.O Box CY 507  
Causeway

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**Deduction Order (TY 30)**  
Please give effect to the following deduction

**CLIENT NAME**

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**REFERENCE (State Job title and Ministry)**

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<b>NEW</b>	<b>CHANGE</b>	<b>CEASE</b>

<b>PAYEE CODE</b>				
<b>8</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>7</b>

**EMPLOYEE CODE NUMBER**                      **CHECK DIGIT**

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**MONTHLY RATE (repayment amount)**

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**FROM DATE**

**TO DATE**

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**CLIENT IDENTIFICATION NUMBER**

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I acknowledge receipt of facility letter dated \_\_\_\_\_ and confirm that I have read, understood and accept the loan under the terms, conditions and warranties as stated therein and authorise Old Mutual Finance Pvt Ltd and SSB to deduct money from my earnings or terminal benefits in the event of death or termination of employment according to the above instruction.

\_\_\_\_\_  
**Authorised Signatory (Applicant)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For and on behalf of OLD MUTUAL FINANCE PVT LTD**

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

**Authorised Signatory**

**Authorised Signatory**