



AUTHORISATION FOR DEDUCTION FROM SALARY

Name	LAST NAME	FIRST NAME	MIDDLE NAME(S)
Gender	Male <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>
	Female <input type="checkbox"/>		Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Date of Birth	(DD/MM/YYYY)	Nationality	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Resident
National Registration No.		Passport No.	National Insurance No.
Residence Address			Length of Time at Address
Telephone Contact	HOME	BUSINESS	CELL
Email Contact			
Occupation			Department
Name of Employer			
Address of Employer			

I, _____ authorise my employer listed above, to deduct from my salary becoming due for the month of _____ 20_____ and every month thereafter the sum of _____ dollars (\$ _____) and pay the same to

RESOLUTION LIFE ASSURANCE COMPANY LTD. on my behalf.

I agree that the deductions should be made from my salary under the following conditions:

- (1) If for any reason whatsoever, deductions which have been made to my salary are paid over to the insuring company at a date later than the due date, the Insuring Company shall accept the date the deduction was made from my salary as the date of payment of the premium.
- (2) The Employer accepts no liability in cases where no deductions have been made from my salary.

POLICY NO.	INSURED'S NAME	PREMIUM

(Signed) _____
Payor

(Signed) _____
Witness

Date _____

Please list all policies to be paid for by this Order.