



LESFORDLATI FINANCE LTD
P O Box...., WAIGANI, NCD, PAPUA NEW GUINEA
Email: sales@lesfordlati.com.pg/enquiries@lesfordlati.com.pg
Website: www.lesfordlati.com.pg
Digicel Ph#: 73875498

PERSONAL LOAN

IRREVOCABLE SALARY DEDUCTION AUTHORITY

Date: ____/____/20__

The Pay Master

Dear Sir/Madam

RE: IRREVOCABLE SALARY DEDUCTION AUTHORITY _____

In consideration of a personal loan granted to myself by Lesfordlati Finance Ltd., a gross Loan of K _____, you are hereby authorized to deduct K _____ from my fortnightly salary consecutively commencing on pay period ending ____/____/____ from my fortnightly salary until further notice and remit the same to Lesfordlati Finance Ltd (*Solomaya Finance Ltd by bank statement*) by a cheque payment or credit Bank Account number **BSP 1001349740**, Mt Hagen, Branch.

You are also authorized to remit from my entitlements the outstanding balance of my loan upon resignation, termination, retrenchment or death to Lesfordlati Finance Ltd, the same account number.

The above authority is irrevocable without the written consent of Lesfordlati Finance Ltd.

Please acknowledge receipt of this authority with a copy to Lesfordlati Finance Ltd.

Yours sincerely

Sign: _____

Name of Applicant: _____

I acknowledge receipt of the above Irrevocable Deduction Authority and I will commence deductions from paye# ____/____/20_____

_____ Dated: _____

Paymaster Signature Department/Company Stamp:



(Please ensure that the person has sufficient entitlements held before acknowledging this document).