

## Persal/DOD/BMA/other payroll deductions

### Stop order mandate

I, the undersigned:

Name		Surname	
ID no.		Salary no.	
Workplace		Rank	
Deduction department/ administration		Deduction date	
Premium amount		Reference no.	
Insurer	King Price Life Insurance Limited		

hereby authorize the Accountant of the above Department/Administration, to deduct the Premium amount, monthly from my salary with effect from the Deduction date, and to remit it to the Insurer of which I'm a Policyholder until such time as I cancel the authorization in writing, or until I substitute it with a new authorization.

Should the relevant Premium amount rate be adjusted by the Institution because of a general decrease/increase in Premium or should I request the Institution to decrease/increase the Premium amount for certain reasons, I confirm that the adjusted Premium amount may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Should my PERSAL/DOD/other payroll deduction be unsuccessful, for any reason, the debit order mandate will instate.

\_\_\_\_\_  
Name and surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature