

AUTHORITY FOR SALARY DEDUCTION

Name and Surname: _____

ID / Passport no.: _____ or MHR no.: _____

I hereby give MHR permission to deduct the sum of R_____ from my payment for:

Please mark the applicable deduction with a ✓ and fill in the correct amount to be deducted

TYPE OF DEDUCTION	TICK	AMOUNT
MHR uniform (Refer to the total indicated on the uniform order form)		R
Training (Total confirmed by the MHR facilitator)		R
Name badge (The first name badge is free of charge. MHR charges a fee to replace a lost name badge or for a new name badge for a rank, job title or surname change)		R
Access card (The first access card is free of charge. The client charges a fee to replace a lost access card or for a new access card for a surname change)		R
TOTAL		R

Signed at _____ on this _____ day of _____ 20_____

Signature: Applicant/Panel member

Signature: MHR representative

FOR OFFICE USE ONLY
Date deduction instruction was forwarded to MHR Pay office: _____
Deduction submitted by: _____
Deduction processed by: _____