
Dear Sirs,

RE: AUTHORITY FOR SALARY DEDUCTIONS TO PAY LIFE ASSURANCE PREMIUMS / LOAN

I hereby authorise and request you to deduct from my salary each month the sum of K.Shs.
(Kenya Shillings)
.....) in payment of my life

Assurance premium / loan on policy number (s) with CFC Life Assurance Ltd., Nairobi.

- (1) Ksh.
- (2) Ksh.
- (3) Ksh.
- (4) Ksh.
- (5) Ksh.
- (6) Ksh.

This instruction will continue during the period of my employment with this organization.

The amount so deducted should be paid to CFC Life Assurance Ltd., P.O. Box 30364 - 00100 - Nairobi on my behalf on the pay day of each calendar month. The first deduction should be made from my 20 salary towards the first premium due on the first day of 20.....

Yours faithfully,

.....

SIGNATURE

FULL NAME

EMPLOYER

DEPARTMENT STAFF NO.

SECTION DISTRICT AND PROVINCE

ID NO. TELEPHONE NO.

ADDRESS

.....
.....

AGENT'S NAME / AGENCY