



PERMANENT CEASE FORM

PO Box 210, TABUBIL, Western Province PNG Phone: 6493836 Fax: 6498249

Name:

Employment No:

Employer:

Department:

Contact Number (Business):

Mobile:

To: The Payroll Officer

Ihereby request that you cease my fortnightly decuctions to Mining Petroleum Savings & Loan Society Limited effective PPE:_____.

This authority supersedes with immediate effect all other previous arrangements I have with the Society.

Reasons

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Signature:

Date:.....

Comments

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Signature:.....

Date:.....

FOR PAYROLL OFFICE USE ONLY

Processed by:

Date:

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