Authorization Form for Salary Deduction

I, Name:……Other Names:……..

ID:……. Employee No.....

No Telephone: .....Email: .....P.O. Box……

Province:……. District:…….

Institution/Organization……...

I hereby grant my employe……. the authorization to deduct from my monthly salary the amount of: ……. FRW (in figures)

…… (in words)

to pay for the life insurance premiums for my policy with SanlamAllianz Life Insurance Plc.

This authorization shall be effective from the date of: ..... until the date of: ..... corresponding to the total amount of……. FRW).

It is agreed that any amendment or cancellation of this authorization shall only be made with written consent from SanlamAllianz Life Insurance Plc.

Done at:……..On:…**……...**

On behalf of SanlamAllianz Life Insurance Plc

Client

Employee