



REACHING OUT TO COMMUNITIES

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IRREVOCABLE AUTHORITY TO DEDUCT SALARY/WAGES (IATDS)
(Non Teachers / SoE / Private Sector)

To: Accounts / Finance / HR / Payroll

Date: ___ / ___ / ___

From: [] Staff No. [] Signature: []
Employee / Borrowers name

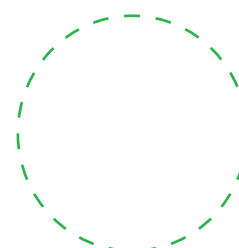
I hereby authorise you to deduct the sum of K _____ from my fortnightly / monthly salary and remit by cheque, cash or via online banking to TCFL bank account as follows:

BSP Port Moresby Branch: 088 294 (BSB Number)
7007643849 (Account Number)

You are also authorised to remit from my final pay entitlements the outstanding balance of my loan upon my resignation or termination of employment to TCFL or its appointed nominee.

Approved By: []

Signature: [] Date: ___ / ___ / ___



Company / Official Stamp / Seal

Deduction Start Date: ___ / ___ / ___

Number of Fortnights/ Months []

Pay Period Start Number []

Deduction Cease Date []

Pay Period End Number []

IATDS Approval Date: ___ / ___ / ___

The above authority is irrevocable without the written consent of TCFL

[]

Pay Officer's full name

[]

Pay Officer's Signature

[]

Date

Government Deduction Code (for Public Servant Employees):

[D] [T] [C] [F] [L]

FOR TCFL OFFICE USE

Date Received:...../...../.....

New Authority

Approved [] Rejected [] Deferred []

Date Dispatched to Salaries Section:...../...../.....

Manager's Signature:.....

Receiving Officer's Signature:.....

TCFL Stamp:

Date: / /