



**SALARY DEDUCTION CANCELLATION**

**Please indicate (√) tick the appropriate institution:**

**Private**

**Government**

Institution: .....

Address of Institution: .....

Payor: .....

National Insurance Number: .....

Owner Policy Number(s) & Amount(s): .....

Other Policy Number(s) & Amount(s): .....

Contact Information .....



Dear Sir/Madam,

Please cancel my salary deduction order of \$ .....

as from the month of ..... 20.....

.....  
Signature of Officer

.....  
Date

Checked by: .....

