



Kwila Insurance Corporation Ltd

P.O. Box 1457 Boroko, NCD Papua New Guinea

Tel: (675) 3258811 Fax: (675) 3112867

Email: customerservice@kwilainsurance.com.pg

GROUP DEDUCTION ORDER

THIS ORDER WILL REMAIN IN FORCE UNTILL ALTERED OR CANCELLED BY KWILA INSURANCE CORPORATION LTD AND REPLACES PREVIOUS DEDUCTION ORDER/S LODGED BY KWILA INSURANCE CORPORATION LTD

(OFFICE USE ONLY)

EMPLOYER'S NAME AND ADDRESS

_____/_____/20_____
date month year

Please deduct from my fortnightly salary / wages the sum of:-

_____ (Kina _____)
(Show New Total Figure)

and pay to: **KWILA INSURANCE CORPORATION LTD**
P.O. Box 1457, Boroko, N.C.D.

Full Name: _____ ; _____
(Block Letters) (First Name) (Surname)

Division / Section: _____ Location: _____

Pay-slip Number
or other identification
to assist paymaster _____ OR ID
Reg. No: _____

Signature: _____

Deduction Breakdown Details:-

Policy No.		Amount	<i>Please Tick One Only</i>
_____	Premium	K _____	<input type="checkbox"/> New Start
_____	Loan Repayment	K _____	<input type="checkbox"/> Increase
_____	F.P.D.F.	K _____	<input type="checkbox"/> Decrease
_____	_____	K _____	<input type="checkbox"/> Re-Start
_____	_____	K _____	
_____	_____	K _____	