Kwila Insurance Corporation Ltd

3rd Floor, Ori Lavi Haus, Nita Street, Boroko, NCD
P.O.Box 1457, Boroko, NCD, Papua New Guinea
Tel: (657) 3258811 Fax: (675) 3112867
customerservice@kwilasinsurance.com.pg

PERMENANT VARIATION ADVICE FORM

To OIC Staff & Salaries
Department of Education
Fincorp Haus
WAIGANI

Signature: _____

Date: _____

Our Reference: _____

Section: _____

Clerk: _____

Reason for Variation: _____

_____

_____

File Number:											

Surname:																		

First Name:																		

Deduction Code	Description	A/U/D	Fortnightly Deduction
DKWIL	**KWILA INS**						–		

Please deduct from my fortnightly salary / wages the sum of _____ (K_____) and pay Kwila Insurance Corporation Ltd., PO Box 1457 Boroko, NCD.

School / Location: _____

Signature: _____ Date: _____

Education Department Use Only

Pay Section

Received by: _____ Date: _____
(*Signature Over Printed Name)*

Commencement Date_____

Checked by _____ Date _____

Approved by _____ Date _____

DATA ENTRY USE ONLY **PAY No. :**_____

Date Entered: _____

Entered by: _____