



CONSENT OF EMPLOYEE TO DEDUCTION OF PREMIUM FROM SALARY
RE: EMPLOYEE PREMIUM DEDUCTION INSTRUCTION

I (Employee Name) _____

Employee (IPPS) number	
National ID (NIN) Number	
Telephone number	
Email address (Active)	
Employer	
Duty Station (Cost/Vote center)	

do hereby request instruct and authorise **PRUDENTIAL ASSURANCE UGANDA LIMITED** to draw against my salary the amount necessary for payment due for my life assurance plan, Policy number _____ with Prudential Assurance Uganda Limited.

The amount due for my monthly premiums in Uganda Shillings _____ and in words _____ to be deducted every month, commencing _____ until _____.

This Authority may be cancelled by me by giving Prudential Assurance Uganda Limited thirty days' notice in writing, sent, or delivered to the offices of Prudential Assurance Uganda Limited located at **9th Floor, Zebra Plaza, Kampala Road, Kampala.**

Receipt of this Authority by Prudential Assurance Uganda Limited shall be regarded as receipt thereof by my employer, _____

I understand that if any deduction paid is more than the terms of this Authority, Prudential Assurance Uganda Limited will make a refund upon application.

Signed at (place) _____ on this _____ day of _____ 20 ____

SIGNATURE OF OFFICER/EMPLOYEE

Name: _____ Signature: _____

APPROVED BY:

Administrative Officer/Principal Human Resource Officer/Payroll officer

Name: _____ Signature & Stamp: _____