



**PRUDENTIAL ASSURANCE UGANDA LIMITED
PRIVATE ORGANIZATION EMPLOYEE PAYROLL DEDUCTION CONSENT FORM**

To the Manager
Human Resources

_____ (Name of the institution)

I _____ an employee at _____
do hereby instruct and authorise my employer to draw against my salary the amount necessary for
payment of premiums for my life insurance plan(s) with policy number (s)
_____.

The amount necessary for payment of premiums due in Uganda Shillings (UGX) is
_____ and in words
_____ shall be deducted on or
before the PAY DAY of each and every (month & year) commencing
_____ until _____ (month & Year) or for as long
as my life insurance plan remains in force.

This Authority may be cancelled by me, giving Prudential Assurance Uganda Ltd thirty (30) days' notice in writing, sent or delivered to the offices of Prudential Assurance Uganda Ltd located at 9th Floor, Zebra Plaza, Plot 23, Kampala Road, Kampala, Uganda.

I understand that if any deduction made is more than the terms of this Authority, Prudential Assurance Uganda Ltd will make a refund upon my formal request.

This consent form is signed at (Place) _____ on this (Date) _____ day of
(Month) _____ 20 ____.

Signature of Employee _____

Name of Employee _____

Tel: Contact _____

Email address: _____

For Official Use only

Name of the authorizer _____

Designation _____

Signature & Stamp _____