



**NEHAWU SACCO Limited**  
 56 Marshall Street Johannesburg 2001  
 P O Box 10812 Johannesburg, 2000  
 Tel: 011 833 2902  
 Fax: 011 833 0757

## STOP ORDER/PAYROLL DEDUCTION FORM

**Date:** .....  
**Company Name:** .....  
**Address:** .....  
**Telephone:** .....  
**Fax:** .....

Company stamp

I..... (Surname),..... (Given Name), Employee No..... of: ..... (work location) am a member of the NEHAWU SACCO. I hereby request and authorize the amount of R..... (.....) Per month to be deducted from my salary from (d.....m.....y.....). I further request that the monies so deducted be paid over to the NEHAWU SACCO.

I acknowledge that the company shall not be held liable for any Administrative matters relating to the deductions of monies. I indemnify the Company against any claim whatsoever that may arise from my membership to NEHAWU SACCO.

Until NEHAWU SACCO advises you in writing that I wish to withdraw this authorisation. I understand that I cannot cancel this authorization myself, that it must be cancelled through NEHAWU SACCO.

Members signature:..... Witness: .....  
 Date: ..... \*Company acknowledgement:.....

**For NEHAWU SACCO office use only:**

Deduction authorised	R.....	Apply to: Shares	R
		Savings	R
Member account	.....	Loan	R
number:			
		Other:	R
		Total deduction	R

NB: Complete in duplicate, send both copies to Company.

\* Company to sign both copies, return one copy to NEHAWU SACCO and retain second copy in employees file.