

STOP ORDER FORM

TO STAFF CLERK – PAY SECTION

DURBAN MUNICIPAL THRIFT FUND

Service Number..... Department..... Dept No..... Date

I, Mr. Mrs. Miss.....(Full names in block letters please),

a member of the Durban Municipal Thrift Fund, do hereby request and authorise the Ethekwini Municipality

to deduct through the paysheets the sum of..... Rand and

..... cents (R.....) per month from my salary until further notice and to pay

such deductions to the Durban Municipal Thrift Fund.

This request and authority shall be sufficient indemnity to the Ethekwini Municipality from all liability in respect of such deductions. I am aware that this Stop Order may be amended by me at any time.

Signature.....

Designation

Witness

ANY EXISTING STOP ORDER IS HEREBY CANCELLED

FOR OFFICE USE
To.....
Please arrange to make deductions accordingly commencing month ending.....
For City Treasurer.....Date.....