REFERREDBY

FINANCIAL SOLUTIONS CC

CC / 2002/03728 | Unit 13, The Village Eros, Windhoek, Namibia | P.O. Box 8 KEETMANSHOOP | +264857384666

SALARY DEDUCTION AUTHORISATION FORM

EMPLOYEE

SURNAME : _____

FORENAMES : _____

EMPLOYER

Participating Employer : _____

Department : _____

Job Title/ Type of work : _____

I, the undersigned, request and authorize my Employer named above to deduct from my monthly salary the amounts due and payable by me at any particular time, and pay the amounts so deducted to ***ReferredBy Financial Solutions cc***. I further understand and undertake that this is an irrevocable instruction and cannot be cancelled by me until all amounts due have been paid to ReferredBy Finance. Should my Employer for any reason, not deduct any of the amounts in terms of this request, I shall consider the amounts unpaid, and if due, I undertake to pay ReferredBy Finance such sums. I further understand and undertake that ReferredBy Finance will receive all payments in terms of this request without prejudice to its rights, and I shall regard the receipt of this request by ReferredBy Finance as receipt of the same by my said Employer.

***NB:** The first instalment deduction date may be a month earlier or later than the denoted due dates depending on whether the final loan application and supporting documents are given to the Lender before or after the payroll cut-off dates.*

All loan payments shall be made to ReferredBy Finance free of any deductions at an address or into such bank account, as ReferredBy Finance may from time to time direct. I acknowledge and agree that in the event of my loan(s) being rescheduled or my taking of an additional loan, the terms of the Loan Agreement and this Salary Deduction Authorization Form shall operate in favour of ReferredBy Finance in respect of the rescheduled loan and additional loan, together with any amendments, as if the Salary Deduction Authorization Form had been signed and executed by me in respect of the rescheduled or additional loan.

Signed at _____ on this _____ day of

_____ 20_____

THIS DOCUMENT IS VALID FOR 6 MONTHS AFTER WHICH A NEW ONE SHOULD BE SIGNED AND RE-SUBMITTED.

ID TYPE : _____

ID NUMBER : _____

EMPLOYEE NUMBER : _____

_____

Name/Signature of Borrower

_____

Name/Signature of Witness

_____

For and on behalf of the Lender