



# PAY VARIATION ADVICE FORM

On completion of the certification by the Head of Employing Department / Authority or Company, this Form must be submitted to the nearest Nambawan Super Ltd Branch. Please complete form in CLEAR BLOCK Letters. \* Critical fields to be completed by member.



## Employee Voluntary Contribution Deduction:

To: The Payroll Officer  
Staff & Salaries Section

Mr	Ms	Mrs

From:

*Given Name(s):	<input type="text"/>	*Date of Birth:	<input type="text"/>
*Surname:	<input type="text"/>	*Payroll #:	<input type="text"/>
*Gender:	Male    Female	*Mobile #:	<input type="text"/>
*Employer Address:	<input type="text"/>		
*Name of Employer:	<input type="text"/>		
*Residential Address:	<input type="text"/>		
*Personal Email:	<input type="text"/>		
*Date of employment:	<u>DD</u> / <u>MM</u> / <u>YYYY</u>	*Date joined Nambawan Super:	<u>DD</u> / <u>MM</u> / <u>YYYY</u>

I hereby authorise you to add my voluntary superannuation deduction to Nambawan Super Limited as follows:

\*Choose from 0% - 9%                       \*Or state a fixed amount K

**Note:** If you are currently repaying a housing advance (2%), you are to choose your new voluntary contribution from 0% – 7%.

**Note:** Departments under the ICT ALESCO Payroll System in the Finance Department should process this deduction under the Voluntary Deduction Code: **BPOSV**. All other contributing authorities including Private Sector Employers should have alternative arrangements to show the voluntary portion of their employees’ contributions to the Fund.

I understand that this is in addition to my current minimum prescribed fortnightly contribution rate of 6%.

I further authorise and direct you to make a lump sum deduction at the time of my leave period equal to the amount that would normally have been deducted during the period of leave and remit to Nambawan Super Limited on the above address. Total employer contribution (Mandatory plus Special) should not exceed 15%.

\*Member’s Signature:                       Date:

## For completion by Payroll Officer of the Dept/Company

Signature of Payroll Officer or Authorised Officer

Date:

Position:

Affix official company stamp here.