PUBLIC SECTOR/GOVERNMENT EMPLOYEES PAYROLL DEDUCTION AUTHORIZATION Pursuant to Operating Principle No. (VI) (Circular No. 34)

In consideration of an Education/Tertiary Loan of	
	(\$)
being granted to me, I hereby give this IRREVOCAB	BLE ORDER for deductions in the
sum of	
(\$) to be made from my salary on
a monthly basis and paid to the Accountant General's	Department.
This ORDER shall remain in force until the loan of <u>\$</u>	is fully repaid.
Name of Witness	Name of Beneficiary
Signature of Witness	Signature of Beneficiary
Date	Date
N.B.: Interest is payable at the rate of three per cent (3% monthly and paid quarterly until the lo	
<u>Deductions</u> (<i>Kindly tick</i> [\checkmark] <i>the appropriate option</i>)	

- (a) 36 monthly deductions
- (b) 24 monthly deductions
- (c) 18 monthly deductions
- (d) 12 monthly deductions

FOR OFFICIAL USE ONLY

months @ \$

_ and one (1) month @ \$

ADDENDUM TO CIRCULAR No. 34 DATED AUGUST 8, 2006

TERTIARY ASSISTANCE PROGRAMME FOR PUBLIC SECTOR EMPLOYEES

- 1. Applicants may not be able to benefit from any other local loan and the Revolving Loan Fund, for the same purpose.
- 2. Guarantors must provide proof of their ability to repay the loan if the beneficiaries cease payment for any reason. As a consequence, the last three pay-slips will be required from each surety.
- 3. Repayment of the loan will be effective the first pay day after disbursement.
- 4. Interest rate is payable monthly at the rate of 5% per annum.
- 5. Repayment period will be at a maximum of 36 months.
- 6. Acceptance of the loan offer will be via the presentation of the completed surety forms and the signing of the irrevocable deduction order.
- 7. Applications should be accompanied by the last two (2) two pay slips.

8. Please state the date of employment.

TRN#_____

Student ID#_____

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Contact No:

Name of Beneficiary: (Your Name)

Email Address:

Date:

The date of first appointment has been amended to the date of employment.

Incomplete forms will <u>NOT</u> be considered.