



# CANCELLATION OF DEDUCTIONS AND PAY-OVER AUTHORISATION

I, the undersigned:

Persal number: \_\_\_\_\_ Rank: \_\_\_\_\_ Identity number: \_\_\_\_\_

Name & Surname: \_\_\_\_\_

herewith apply to cancel the under mentioned deductions (s) on my salary

Name of deduction	Reference number	Instalment

I hereby authorize the Head of Finance to cancel these deduction(s) on my salary.

I understand that the excess money which was deducted must be claimed from the institution and not from Head Office.

\_\_\_\_\_  
SIGNATURE

Signed at : \_\_\_\_\_ on this : \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_



# MEMBERSHIP APPLICATION FORM A

P.O. Box 6609, Vanderbijlpark, 1900, Tel: (016) 982-3805 – Fax (086) 566 3848

## Personal Details:

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Initials: \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Language: \_\_\_\_\_

## Personal Contact Details:

Tel Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Full home address: \_\_\_\_\_  
Postal address: \_\_\_\_\_

## Employment Details

Full name and address of employer: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Rank Held: \_\_\_\_\_  
Station / Unit: \_\_\_\_\_  
Region / Province: \_\_\_\_\_  
Tel Number: (\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

I, the undersigned, hereby apply for membership of the South African Civil Servants Union and undertake to uphold the provisions of the Union as set out in the Constitution.

\_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Employee number: \_\_\_\_\_ **STOP ORDER**

Surname and Initials: \_\_\_\_\_

Telephone number: \_\_\_\_\_ ID number: \_\_\_\_\_

I request and authorise the Employer's Accounting Officer to deduct a single amount of R40.00 as admission fee and a monthly membership fee of R40.00 from my salary as from date of this application. The monthly deductions must continue until such time I cancel it in writing.

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## For office use:

Full Name of Rep: \_\_\_\_\_ Persal Number: \_\_\_\_\_

Provincial Office: \_\_\_\_\_ Date: \_\_\_\_\_