



Directorate of Human Resources

BOND PAYMENT STOP ORDER

I, the undersigned;

Full names: _____ Title: _____

Staff number: _____

Section/Department: _____

Identity number: _____

hereby authorise the Chief Financial Officer to deduct an amount of R _____

from my salary on a monthly basis as from _____ 20 _____

and to pay the said amount to the bond holder, namely:

Account holder: _____

Bank: _____

Account number: _____

Signed at _____ on this ____ day of _____ 20 _____

SIGNATURE OF STAFF MEMBER

WITNESS