Own every moment.

## EMPLOYEE AUTHORIZATION FOR PREMIUM DEDUCTION

**FIRST NAME** ……

**MIDDLE NAME**……

**MAIDEN NAME**……

**LAST NAME**……

**NRC**……

**DATE OF BIRTH**……

**EMPLOYER NAME**……

**EMPLOYER ADDRESS**……

**EMPLOYEE NUMBER**……

**MAN NUMBER**……

**DEPARTMENT**……

**OCCUPATION**……

**MONTHLY PREMIUM TO BE DEDUCTED**……

**AMOUNT IN WORDS**……

……

……

……

**START DATE OF DEDUCTIONS**……

**END DATE OF DEDUCTIONS**……

I hereby authorize my employer to deduct the monthly premium applicable to this policy from my salary and remit the same to One Life Assurance Zambia.

**Signature**

**Date**