



WIDOWS AND ORPHANS FUND

Tel: (012) 348 1557

Fax: 086 640 1544

STOP ORDER Serving Members

I, the undersigned

Surname and Initials Persal no

Rank: ID no

Postal address

.....

.....Postal code.....

Tel(h) (.....) Cell Email

I hereby authorise the SAPS to deduct the amount of	R20	Other amount(minimum R20) R.....
---	-----	----------------------------------

from my salary commencing on20..... in respect of the Widows and Orphans Fund.

I hereby certify that the information supplied by me on this form is in all respects true and correct.

Signed: on this day of..... 20

.....
Signature

THIS FORM MUST BE FAXED TO 086 640 1544