

I, the undersigned

WIDOWS AND ORPHANS FUND

Tel: 012 348 1557 Fax: 086 640 1544

STOP ORDER

SERVING SAPS MEMBERS

(Appointed in terms of Police Act)

(CIVILIAN MEMBERS APPOINTED IN TERMS OF THE PUBLIC SERVICE ACT ARE EXCLUDED)

Surname, Initials																				Pe	ersa	ıl n	0								
Rank																I	Dr	10													
Postal address Tel(h) Email	5						Ce	:11														Po	sta	ıl co	ode						
I hereby authorise the SAPS to deduct the amount of (minimum R20)												Other amount (minimum R20)																			
From my salary commencing on																															
I hereby certify that the information supplied by me on this form is in all respects true and correct. Signed:																															
 Signature											•••			 																	

THIS FORM MUST BE FAXED TO 086 640 1544