



**BAF FINANCIAL**  
& INSURANCE (BAHAMAS) LTD.

## **SALARY DEDUCTION AUTHORIZATION**

**TIN: 100239418**

☐ **Code 2233 - Group Health (Only)**

☐ **Code 2255**

☐ **Code 2260**

To:

\_\_\_\_\_  
Company / Corporation / Ministry

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number / Code

\_\_\_\_\_  
Policy Number / Reference Numbers (on reverse)

\_\_\_\_\_  
Monthly Deduction

I hereby request and authorize my Employer / Pay Officer until further notice, to deduct from my salary each month the sum \$ \_\_\_\_\_, and remit this amount to BAF Financial & Insurance (Bahamas) Ltd.

This deduction shall commence \_\_\_\_\_ 20\_\_\_\_

Any previous salary deduction instructions to BAF Financial & Insurance (Bahamas) Ltd. are to be discontinued and replaced with the instructions as selected below.

☐ Cancels and replaces previous instructions

☐ To be added to previous instructions

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (dd-mmm-yy)

\_\_\_\_\_  
Department Approval (Signature and Company Stamp/ Seal)

\_\_\_\_\_  
Date (dd-mmm-yy)

Cancellation of this deduction must be approved in writing by BAF Financial & Insurance (Bahamas) Limited  
For Office Use Only

TIN: 100239418

Policy Number	Name of Insured	Base Premium	VAT at 10%	Premium plus VAT

TOTAL AMOUNT OF DEDUCTION \_\_\_\_\_

\_\_\_\_\_  
Staff # / Agent # / Debit #

\_\_\_\_\_  
Signature