

CMTech Cash Advance

Incorporated in the Republic of Zambia (Registration No. 320220058016)
House # 43504, Kasama Road, Libala south Lusaka

APPLICATION FORM - SALARY DEDUCTION AUTHORISATION

Employee		Employer	
Surname		Name of Employer	
Forename		Department	
NRC #		Position/Type of Work	
Employee #			

I, the undersigned, request and authorise my Employer named above to deduct from my monthly salary the amounts due and payable by me at any particular time, and pay the amounts so deducted to CMTech Cash Advance ("CMTech Cash Advance"). I further understand and undertake that this is an irrevocable instruction and cannot be cancelled by me until all amounts due have been paid to CMTech Cash Advance. Should my Employer for any reason, not deduct and or remit any of the amounts in terms of this request, I shall consider the amounts unpaid, and if due, I undertake to pay CMTech Cash Advance such sums. I further understand and undertake that CMTech Cash Advance will receive all payments in terms of this request without prejudice to its rights, and I shall regard the receipt of this request by CMTech Cash Advance as receipt of the same by my said Employer.

National Registration Card / Passport	Amount of monthly loan deduction	CMTech Cash Advance Subscription Fee	First Installment Due Date	Number of Instalments

All payments shall be made to CMTech Cash Advance free of any deductions at an address or into such bank account, as CMTech Cash Advance may from time to time direct. I acknowledge and agree that in the event of my loan(s) being rescheduled or my taking of an additional loan, the terms of the Loan Agreement and this Salary Deduction Authorisation Form shall operate in favour of CMTech Cash Advance in respect of the rescheduled loan and additional loan, together with any amendments, as if the Salary Deduction Authorisation Form had been signed and executed by me in respect of the rescheduled or additional loan.

Signed By:

by client

Signed By:

Initiator Name :

Signed By :

Loan Officer

Branch :

Witness Name :

Signature:

Witness Name :

Signature:

Contact Details :

Contact Details :

Occupation:

Occupation:
