

Suite 6, 2nd Floor,
Narsey Building,
8 Ellery Street,
Beside FNPF Plaza
Suva, Fiji Islands.



P. O. Box 2648
Government Buildings
Suva, Fiji Islands
Phone: 3310335, 3310336
Email: info@wesramfinance.com

IRREVOCABLE AUTHORITY FOR DEDUCTION OF SALARY & WAGES

Date:/...../26 ATTN: Financial Controller / Accountant / Pay Master / HR

I, the under signed (NAME) of

(COMPANY NAME) **DO HEREBY AUTHORISE**

You to arrange deductions from my salary / Wages, the sum of \$ _____, every
Weekly / Fortnightly / Bi-monthly, commencing from Pay _____ and hereafter every
Weekly / Fortnightly / Bi-monthly until the sum of \$ _____ is fully
deducted & paid to **Wesram Finance**.

I agree that deductions are not to be ceased or varied unless authorized in writing by
The Manager, Wesram Finance, who holds authorities over the mentioned deductions.
If I have an existing deduction with Wesram Finance, Please cease & start with new
deduction as of this advice. However, in the event that I leave my employment for
whatever reasons, such as death, termination or transfer, I authorize you to offset from
my Salary / Wages / Final Entitlements, the total amount owed to Wesram Finance.

**[COMPANY STAMP &
PAYROLL OFFICER SIGN
HERE]**

Yours Sincerely

Customer Signature Company HR:

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I, (APPLICANT NAME) hereby
authorize Wesram Finance to:

- (a) Submit credit information on me in relation to any or all, past or future, credit transactions with Wesram Finance to a credit reporting agency licensed under the fair Reporting of Credit Act 2016.
- (b) Submit credit information on me in relation to any or all, past or future, credit transactions with Wesram Finance to Regulators and/or Financial Compliance Authorities.
- (c) Obtain credit information on me from credit reporting agencies licensed under the said Act.

Signature: Date:/...../26