

STOP ORDER DEDUCTION FORM
(PLEASE FILL DETAILS IN CAPITAL LETTERS)

PERSONAL DETAILS

Title Identity No.

First Name Other Names

Surname Previous Surname

Name of the Employer

Occupation Position

Salary Slip No. Account No.

Plot Number Location Village/Town

P O Box/Private Bag Village/Town/Location

Salaries / Payroll Section

Dear Sir / Madam

RE: STOP ORDER

I authorize you to deduct from my salary on pay-day each month as from20.....
the sum of (In words).....

for the credit of the above specified account at the Botswana Savings Bank, P.O. Box 1150, Gaborone.
This instruction is irrevocable and may not be cancelled without the prior agreement in writing of the
Botswana Savings Bank. The Instruction is to remain in force until duly terminated by the bank.

Yours Faithfully,

OFFICIAL USE

Received By <input type="text"/>	<input type="text" value="Signature"/>	Date <input type="text" value="D D M M Y Y Y Y"/>
Processed By <input type="text"/>	<input type="text" value="Signature"/>	Date <input type="text" value="D D M M Y Y Y Y"/>
Supervisor <input type="text"/>	<input type="text" value="Signature"/>	Date <input type="text" value="D D M M Y Y Y Y"/>