SOLTEN FINANCIAL SERVICES

DE		
Please give effect to the following deduction		Type of deduction
Flease give effect to the following deduction	·· 	
NAME		RY/DEPT NUMBER
NAME	MINISTRT/DEPT MINISTR	
		If deduction, whom it
		is payable
New Change	Cease Non-recurring	SOLTEN FINANCIAL
Card Type Selection Subsection	employee code number	C/D
3 4 5 6	8	13 14
	(Complete EC number a	and check digits blocks 8-14)
	Id number (Complete id number and check d	ligit blocks)
17 20		
Amount Non-recurring/recurring	AMOUNT: ONE TIME PAYM	IENT
		CTION COMPLETE block 21-26
21		
Monthly Rate		
28 33		
From Date	To Date	
35 40 41	45	
Reference number		
47 5	8	
AUTHORISED/ APPROVED BY	DATE	
APPLICANT SIGNATURE	DATF	
		·····