



**TY 30'A'
SET**

DATE STAMP

ALLOWANCE DEDUCTION/CHANGE

3 Wimbledon Drive,
Eastlea
HARARE

PLEASE GIVE EFFECT TO THE FOLLOWING ALLOWANCE/DEDUCTION

[NAME]

[MINISTRY/DEPARTMENT]

[MIN/DEPT NUMBER]

| | |
|--|--|
| | |
|--|--|

[TICK WHICHEVER IS APPLICABLE]

NEW

CHANGE

CEASE

IF DEDUCTION, TO WHOM IT IS PAYABLE

SAFEL

✓

[Shade blocks for SSB use]

| | | | | |
|-----------------------|----------------|-------------------|-----------------------------|------------|
| Card type | Section | Subsection | Employee code number | C/D |
| 2 0 | | | | |
| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 |
| DEDUCTION CODE | | | MONTHLY RATE | |
| | | | | |
| 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 |
| FROM DATE | | | TO DATE | |
| | | | | |
| 27 | 28 | 29 | 30 | 31 |
| 32 | 33 | 34 | 35 | 36 |
| REFERENCE NO. | | | | |
| | | | | |
| 39 | 40 | 41 | 42 | 43 |
| 44 | 45 | 46 | 47 | 48 |
| 49 | 50 | 51 | 52 | 53 |

AUTHORIZED/APPROVED BY (SAFEL approval ref:.....dated.....)[where applicable]

.....
 Applicant (where applicable) Date [Head of Organisation] Date
 (Delete inapplicable)