

**LOAN DEDUCTION AUTHORITY FORM (LDAF)
BY LOANEE / GUARANTOR (S) - PENSION PAYABLE
BY ACCOUNTANT GENERAL / SICOM LTD**

Applicant Part

Date :/...../.....

The Accountant

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Dear Sir,

**RE : DEDUCTION FROM RETIRING GRATUITY, CASH IN LIEU OF SICK LEAVE / PASSAGE BENEFITS,
REFUND OF PENSION CONTRIBUTION AND OTHER RETIREMENT BENEFITS**

This is to inform you that **I, Mr /Mrs /Miss *** having contracted loan of **Rupees** (in words) (Rs.....) (Loan No.....) from the M.C.S. Mutual Aid Association Ltd do hereby authorise **The Accountant General/SICOM Ltd *** to deduct from **my retiring gratuity, cash in lieu of sick leave / passage benefits / refund of pension contribution and other retirement benefits**, any amount which is subsequently claimed by the M.C.S. Mutual Aid Association Ltd.

I also agree that gratuity / cash in lieu of sick leave / passage benefits and other retirement benefits shall be paid to me after deducting loan balances from the M.C.S. Mutual Aid Association Ltd.

I undertake not to revoke this instruction without the written consent of the M.C.S. Mutual Aid Association Ltd.

Yours faithfully,

Signature: **Name:**

NID:

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GUARANTOR/S PART – *(not applicable for Mutual Aid Quick, Special Personal and Emergency Loans)*

As sole guarantor */ guarantors * of Mr/Mrs/Miss, **I / we *** undertake to **repay jointly and in solido** to the M.C.S. Mutual Aid Association Ltd full / half / third / quarter/ one fifth / one sixth of outstanding balance which may be due in case the *loanee fails to repay the said loan*. In that respect, **I authorize the Accountant General/SICOM Ltd *** to **deduct from my retiring gratuity / cash in lieu of sick leave / passage benefits/ refund of pension contribution and other retirement benefits** any amount subsequently claimed by the M.C.S. Mutual Aid Association Ltd.

I undertake not to revoke this instruction **without** the written consent of the M.C.S. Mutual Aid Association Ltd.

	GUARANTOR 1	GUARANTOR 2
Name		
Signature		
Date		

	GUARANTOR 3	GUARANTOR 4
Name		
Signature		
Date		

	GUARANTOR 5	GUARANTOR 6
Name		
Signature		
Date		

OFFICE USE			
Received by	Name	Signature	Date
Letter sent to Accountant General /SICOM Ltd *	Name	Signature	Date

* To delete where not applicable.