SALARY DEDUCTION AUTHORIZATION

Form No. 290T Revised 09/05 - British American Insurance Company (Trinidad) Limited

CALARY DEDUCTION ACTIONIZATION		221	
COMPANY		BRITISH AMERICAN	
DEPARTMENT		A member of the CL FINANCIAL GROUP	
FROM: NAME OF APPLICANT			
TO: HEAD OF DEPARTMENT			
Dear Sir/Madam			
Please deduct the sum of		Dollars	
and	cents, each m	nonth from my salary and	
BRITISH AMERICAN INSURANCE COMI P.O. BOX 821, 11-13 FIFTH STREET, BA	,		
The first payment is effective from the month of	and continuous	y each month thereafter	
Employee Number:		FOR OFFICE USE ONLY	
	POLICY#	AMOUNT	
Signature of Applicant:			
Date:			
Date:			
	TOTAL		

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