



Apollo Life... for a Better Life

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The Finance Manager,

Dear Sir,

AUTHORITY FOR SALARY DEDUCTION

I hereby authorise and request you to deduct from my salary each month the sum of Kenya Shillings.....
.....(K.Shs.....)
in payment of my assurance premium on the Policy Number.....
with **Apollo Life Assurance Limited**. The Instruction is **irrevocable** during the period of my employment.

The amount so deducted should be paid to **Apollo Life Assurance Limited**, P. O. Box 30389, Nairobi 00100 on my behalf on the pay day of each calendar month commencing from pay day of.....20.....towards the first premium.

Yours faithfully

.....
(Signature) (Personal Number)

Full Name: Mr./Mrs/Miss.....

Address:
.....

Proposal Number:

Plan: