



SRIC

Ensuring your tomorrow, today.

GOVERNMENT STOP ORDER

The General Manager
Swaziland Royal Insurance Corporation
P.O. Box 917
Mbabane

Payer	Surname	
	Forenames	
Particulars of Employment	Name of Ministry	
	Department	
Employee Number		

I the undersigned, request the Government of the Kingdom of Swaziland(the Government) to deduct from my monthly salary the amounts due under life assurance policies at any particular time and payable by me, and pay the amounts so deducted to the Swaziland Royal Insurance Corporation (the Corporation).

I further understand and undertake either I or the Corporation may at any time cancel this arrangement in writing but that such cancellation will have no effect on any deductions already made by the Government in accordance with this request.

Should the Government for any reason reclaim from the Corporation any amounts paid in terms of this request and decide to pay such amounts over to me, I shall consider the amounts, if due, unpaid, and undertake to refund such amounts to the Corporation from the sums so paid or to be paid to me by the Government.

I further understand and undertake that the Corporation will receive all payments in terms of this request without prejudice to its rights, and I shall regard the receipt of this request by the Corporation as receipt by the Government.

This request covers payments of amounts due under the following policies:

Policy Number	Amount of Premium	Due Dates
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

Any policies may be added or deleted from time to time at my written request.

Signed at _____ Date DD / MM / YYYY

Signature of Witness _____ Signature of Payer _____

Address _____ Address _____

_____	_____
_____	_____

Countersigned on behalf of the Corporation _____ Date DD / MM / YYYY

Signature _____ Corporation Stamp _____