

Acknowledgement of Debt

EMPLOYEE NAME				
EMPLOYEE ID NO				
EMPLOYEE NO				
COST CENTRE				
NATURE OF DEBT				
COMPANY VEHICLE DAMAGE DAMAGE TO 3RD PARTY VEH DAMAGE TO PREMISES DAMAGED PARCEL PETTY CASH NOT RETURNED PERMIT / SLIPS NOT RETURN LOST PARCEL TRAFFIC FINE SARS PENALTY LOST DRIVER TAG LOST ABSA CARD OTHER	IICLE	PLEASE SPECIFY:		
INFORMATION		TELASE SI ECITT.		_
Date of Incident				
Vehicle Registration Number	(If applicable)			
Total Amount to be deducte	d (excluding Vat)			
Supporting Documents for t	he Value to be attached			
REPAYMENT TERMS	MONTHLY AMOUNT		OVER	MONTHS
I hereby authorize the Company to deduct an amount of R per month from my The first deduction of R will be on the and a final payment of R			salary for a period of on the	months
I understand that should I leather full balance owing from	ave the company's employment before			
EMPLOYEE SIGNATURE			DATE	
MANAGER SIGNATURE			DATE	-
MANAGER NAME			_	
Detail of the Incident	_			