

## HUMAN RESOURCES Savings Reserve

This form must be completed if you want to save a monthly amount payable in the month of your choice.

Title (e.g. Prof/Dr/Mr/Mrs/Miss) \_\_\_\_\_

Surname \_\_\_\_\_

First name \_\_\_\_\_

UT-number 

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Amount per month \_\_\_\_\_

Month payable \_\_\_\_\_

**Conditions:**

This amount will not be available in any other month than the month indicated above.

*Notes:* Tax will be deducted on a monthly basis to ensure that the payable amount is tax free.

You will be able to change the amount per month as well as the month payable during the annual package structuring.

No interest will be earned on the savings reserve.

**DECLARATION:** I declare that I take note of the conditions and give my consent that the amount may be deducted from my salary on a monthly basis.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of employee