



**FIJIAN TEACHERS ASSOCIATION HOUSING ASSISTANCE SCHEME /
FTA CO-OPERATIVE LIMITED DEDUCTION FORM SYSTEM CODE 256**
Education House, 68 Knolly Street, Suva, GPO Box 14464,
Telephone: 3318156/3315099 Mobile: 7084301 Fax: 3318157/3304978

ITPF/EDPauthorize the Principal
Accountant of the Ministry of Education to deduct..... [\$.....]
to my FTACL and [\$.....] to my FTAHAS loan
repayment and subscription every fortnight from my salary.

Total Deductions: [\$.....]

Signature..... Date.....

Witness Name..... Designation.....

Witness Signature..... Date.....

FTAHAS Stamp..... FTACL Stamp

This authority shall not be varied or cancelled without the written consent of the General Secretary of the Fijian Teachers Association.

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A copy of this form is maintained by FTAHAS