TU'S	Johannesburg 107 Albertina Sisulu Street 0014 Elephant House Johannesburg 2000 011 333 0123	Durban Office 14-01A Metlife Building 391 Anton Lembede (Smith) Street Durban 4001 031 301 2988 Den.org retusaunion@telkomsa.net	RSHIP Retusa_Union Retusa LRA2/6/2/2459	
REGION/LOCAL:		UNION SECTOR:		
SURNAME:		FIRST NAMES		
SAP/CLOCK NUMBER:		GENDER: MALE/FEMALE:		
		STATION/DEPOT:		
		DEPARTMENT: COMPANY POSTAL ADDRESS:		
				POSTAL CODE
HOME TEL:				
				I, the undersigned promise to
Date Application Signed:		Signature:		
Durban	Johannesburg	STOP ORDER AUTHORIZATION FORM	Postal:	
Office 14-01A Metlife Building 391 Anton Lembede (Smith) Street Durban	107 Albertina Sisulu Street 0014 Elephant House Johannesburg	The Revolutionary Transport	Jnion of South Africa	
4001 2000 email: retusaunion 031 301 2988 011 333 0123		email: retusaunion@telkomsa.net info	@retusa-union.org	
Surname:		SAP/Clock Number:		
First Names:		ID Number:		
Company Name:		Worker Pension Number:		
Station/Depot:		Department:		
		Grade:		
I, the undersigned, hereby a	uthorize my employer to	deduct from my basic wage or salary subscrip	ption or levies pavable by me to RETUSA or its	

I, the undersigned, hereby authorize my employer to deduct from my basic wage or salary subscription or levies payable by me to RETUSA or its successor in title ("the union") in terms of Section 13 of the Labour Relations Act No.66 of 1995, as amended ("The LRA"). The amount of the union's subscription that I authorise the employer to deduct from my salary or wage is R100. I also authorize the employer to deduct from my wage or salary and pay over to the union any further levies that the National Executive Committee of the union decides upon.

The employer is required to pay all subscriptions and levies deducted from my wage of salary to the union's office, whose address appears above, by no later than the 7th day of the first month following the date each deduction was made. I hereby authorize the employer to provide the union with any information that is requested by the National Executive Committee of the union, including any information relating to my employment and membership of the union.

If I cancel this authorization as a result of my resignation from the union, then I agree that the cancellation of this authorization will only be valid: (a) four weeks after I have given the union written notification of my resignation; and (b) after I have complied with all the relevant provisions of the union Constitution. I hereby terminate any other deduction, authorizations of subscriptions for any other union to the employer on my salary or wage in terms of Section 13 of the LRA

Member	Signature
WICHIDCI	Jighatare

Witness Signature..... Date of Application.....