**Application to Cancel Contribution to the Employee Emergency Relief Fund**

AUC ID Number: ............................................................................

National ID Number: ............................................................................

Name: ............................................................................

Mobile Number: ............................................................................

Position: ............................................................................

Department/ Office: ............................................................................

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This is to inform you that I wish to cancel my contribution to the Employee Emergency Relief Fund. Taking into account that the deductions cancelation will start as of the month following the date of this application.

Stop Deductions starting as of the month of: ......................**.**

Name: ……………………………….

Signature: ……………………………….

Date: ……………………………….

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Signature: ………………………………. Date: ………………………………