Form -2
Employer Claim Deduction

PART – 1 (*To Be Filled by The Employee and sent to MSPS through the employer)*

Consent Letter

The Secretary
Mercantile Service Provident Society
212, De Saram Place,
Colombo 10.

Dear Sir

Consent Letter to Deduct Employer's Claim - Under MSPS Rule No.43

I, …… (Full Name) hereby request Mercantile Services Provident Society to deduct **Rs……..** from the balance outstanding in the credit of my account maintained at Mercantile Service Provident Society.
This request is based on an agreement that I have reached with my current employer to settle the Employer's claim.
I do hereby declare that the foregoing facts are true and correct.

Member Name (with initials) : - ……

MSPS Number : - ……. NIC No: -……...

Request to deduct Employer Claim - Rs : - ……

Yours faithfully,

…… …….. …… ……..
Signature of Employee **Date** **Signature Verified** **Company Seal**

PART 11 (*to be filled in by the Employer)*

Employer Certification

Member Name : - ……
We hereby certify that the amounts directly due and owing to us in terms and in compliance with the Rules of the Society is **Rs. …….**

a) Recovery of loan granted by Employer Rs. : ……..... *(Please attach copy of loan agreement)*

b) Recovery of advance (salary or wages) Rs. : …….

Total claim **Rs.** **: .....** *(Please attach Statement of dues)*

- We hereby indemnify, defend and hold harmless, the Society and the Trustee from and against any and all claims, losses, damage, costs and expenses which may arise out of the deductions made in terms of this certificate of deduction issued by us.
- Any payment made to us under this form for the benefit of the member mentioned herein shall be a good and complete discharge to the Society and the Trustees against all claims whatsoever by the member, and any claims including legal and out of pocket costs to the Society there on shall be borne by us, and all such expenses shall be paid and /or reimbursed to the Society in full on written demand made by the Society with the amounts so due.

…… …… ……
Authorised Signature of Employer **Company Seal** **Date**