PAYROLL GIVING PLEDGE FORM

Personal Information

First Name: _____ Last Name: _____

Employee Number: _____ Operating Model Entity: _____

Address: _____

_____

Mobile Phone: _____ Office Phone: _____

Email Address: _____

Pledge Details: _____

Name of organisation: _____ Sasol Verified Organisation **Yes** **No**

Pledge Amount: _____ Monthly Annually

Note: Payment will only be made to compliant verified causes. Sasol's financial contribution is at the discretion of the Entity and/or Group in line with the applicable DOA and subject to availability of funds. Deduction will be made on the first pay day after confirmation of your application. Can we provide your contact details to your selected organisation if requested? **Yes** **No**

PLEASE SIGN BELOW TO PROVIDE US WITH YOUR AUTHORISATION TO MAKE DEDUCTIONS FROM YOUR PAY IN TERMS OF THE SASOL FOR GOOD PROGRAMME AND IN ACCORDANCE WITH THIS PLEDGE.

I _____ authorise Sasol to make a deduction from my pay the amount in terms of this pledge form. I am aware that all payments made in this regard are deemed as payments made by me personally and that deductions will remain in force until I cancel this pledge in the prescribed manner.

_____ YYYY / DD / MM

Signature **Date**

*Return completed pledge form to volunteers@sasol.com

Visit the intranet for more information: **inet.sasol.com** or register at **sasol.forgood.co.za**