

REPUBLIC OF ZAMBIA

**ARRIVAL ADVICE AND PAYMENT OF SALARY**

Establishment File No.....

Finance File No.....

To be completed by each officer immediately on his return from or vacation leave, arrival on first appointment, or whenever it is desired to amend the method of paying salary.

THE SENIOR FINANCE OFFICER (SALARIES)

MINISTRY OF FINANCE

P.O BOX 50062.....

LUSAKA

1. SURNAME (IN CAPITAL LETTERS).....  
FULL CHRISTIAN NAMES (IN CAPITAL LETTERS).....  
NATIONAL REGISTRATION NUMBER.....  
WORK PERMIT NUMBER where applicable.....  
DEPATMENT..... POST HELD.....  
CONDITIONS OF SERVICE – Contract/Probation/Permanent/Temporary.

2. I have to inform you that I have Return from vacation leave on \_\_\_\_\_ on \_\_\_\_\_  
Arrived on first appointment  
.....20..... and have been posted to .....

3. I have returned by.....Vessel/Flight which left .....  
On ..... in cabin .....Grade ..... and I disembarked at  
..... on....., 20.....

4. I was accompanied by my wife and my family.
5. I was not accompanied by my wife and family, whom I expect to arrive in the Republic about.....  
..... and of whose arrival I will advise you immediately upon their return

6. I reported for duty on....., 20.....

7. Until further notice I wish my salary to be paid:  
(a) To.....Bank at.....Branch.....  
(b) By open cheque at my own risk.....\*

(\*See conditions on the reverse)

N.B.- Delete words or paragraphs not applicable

....., 20.....  
Officer's Signature

....., 20.....  
Permanent Secretary  
Head of Department

**OFFICERS ARE REMINDED OF THE NECESSITY TO COMPLETE APPROPRIATE  
RENTAL FORMS**

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**Payment of Salary by Open Cheque**

Officers requiring payment by open cheque are requested to note carefully that payment by this means be made at their own risk. Replacement of an open cheque which has miscarried or has been lost will Only be made on completion of the appropriate Form of Identity. A specimen Form of identity is printed below.

In the event of a refusal to sign an Indemnity Form no replacement cheque will be issued until the original cheque which has been lost miscarried, etc., has become stale (i.e., after six months have elapsed from the date of issue of the original cheque).

*Specimen Form of Identity*

CERTIFICATE OF IDENTITY

In consideration of the issue to me of a replacement of uncrossed cheque No..... for the sum of K..... in payment of ..... which I have (lost not received, etc.)....., I agree to indemnify the Zambia Government, the drawer of the cheque, against any loss whatsoever in connection therewith, and I agree to refund the sum of K..... in the event of the original cheque No. .... being paid provided the Zambia Government undertakes to stop payment of the cheque at the Bank on which it is drawn, in the form of the advise to the Bank generally used for this purpose.

Signed.....

As Witness

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Date.....