**Docked Salary** **- Ministry of Health**

Fill in the information below and send to **accounts@health.gov.gd**

First Name: (**Input Here**)

Last Name: (**Input Here**)

Address: (**Input Here**)

Email: (**Input Here**)

Telephone: (**Input Here**)

**Banking Information**

Name of Financial Institution: (**Input Here**)

Name on Account: (**Input Here**)

Account #: (**Input Here**)