



Saphumula Savings & Credit Cooperative Society Ltd.

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SALARY DEDUCTION ANALYSIS & AUTHORITY FORM

TO:- THE GENERAL MANAGER FINANCE:.....

FROM: MEMBER/EMPLOYEE:

NAME..... SURNAME.....

TEL NO..... CELL NO:

OTHER CONTACT NUMBER:.....

MEMBERSHIP No..... EMPLOYMENT No.....

STATION..... SECTION.....

SUBJECT: - DEDUCTION SYSTEM DECLARARTION:

KINDLY DEDUCT FROM MY SALARY OR BANK ACCOUNT A TOTAL SUM OF E..... IN RESPECT OF THE FOLLOWING DUES FOR SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY:

SHARE CAPITAL	E.....
ORDINARY SAVINGS	E.....
EDUCATIONAL SAVINGS	E.....
HEALTH CARE SAVINGS	E.....
ETSALA INVESTMENT	E.....
LIKUSASA SAVINGS	E.....
BURIAL/FUNERAL SAVINGS	E.....
ASIJABULE SAVINGS	E.....
MAXI PLUS	E.....
SUBSCRIPTIONS	E
T-SHIRT S OR TRACKSUIT	E.....
TOTAL	E.....

THE ABOVE AMOUNT SHOULD BE DEDUCTED MONTHLY FROM MY SALARY OR BANK ACCOUNT UNTIL FURTHER NOTICE, DULY SIGNED BY MYSELF AND SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

MEMBER'S SIGNATURE:..... DATE:.....