

AUTHORIZATION FORM OF DEDUCTIONS FOR NEW MEMBERS-CODE 267

UGANDA AGRIDEPT COOPERATIVE SAVINGS AND CREDIT SOCIETY LTD P.O.BOX 102 ENTEBBE

agrideptcscs@gmail.com 0706-994-964/0780191447

	1. NameDate of Birth				
	Membership noIPPS/Employment No				
	Home address				
	TelEmail				
	EmployerOccupation				
	Employer's address				
2. I hereby authorize my employerto deduct					
	shillingsIn words				
	from my salary on a monthly basis. And remit the same to the treasury of Uganda				
	Agridept Cooperative Savings and Credit Society Ltd with effect from				
	until cancelled in writing with approval of Uganda Agridept Management.				
3. Other monthly deductions from my salary shs per					
	month remitted to				
	4. Signature of the applicant				

FOR OFFICIAL USE ONLY

6. Approved of deductions from salary by paying officer

APPROVED NOT APPROVED

Signature	 	• • • • • • • • • • • • • • • • • • • •
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