

REG NO. 3355



UGANDA AGRIDEPT COOPERATIVE
SAVINGS AND CREDIT SOCIETY LTD
P.O.BOX 102 ENTEBBE
agrideptcscs@gmail.com
0706-994-964/0780-191447

FORM FOR INCREASING / DECREASING DEDUCTIONS-CODE 267

1. Name.....
Membership NoP/Slip.....
Tel..... Email.....
Permanent Home Address:
Employer
Employer's Address:
2. I hereby authorize my employer.....to increase /decrease my monthly instalments of Shs.....to shsfrom my salary with effect from.....and to be effective every month until my present authority is cancelled in writing by me with the approval of the **management of Uganda Agridept** Co-operative Society. (Pay slip attached).
3. Other monthly deductions from my salary Shs..... per month Remitted toOrganisation.
4. Signature of the applicantDate.....
5. Signature of Manager / Branch official: Date
6. Approval of deductions from salary by paying officer
(a) Approved /not approved

Signature.....Date.....

*To be filled in duplicate

Save and Borrow for Development