

REG. NO. 3355



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

AUTHORIZATION FORM FOR RE-INSTATING DEDUCTIONS - CODE 267

1. Name.....Date of Birth.....

Membership NoIPPS/Employment No.....

Society Branch.....

Telephone..... Email.....

Home Address.....

2. I hereby authorize my employer.....to deduct shillings..... (In words).....from my salary. And remit the same to the Treasury of Uganda Agridept Co-operative Savings and Credit Society Ltd P.O. Box 102 Entebbe. 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. Signature of the applicantDate.....

4. Signature Manager/Branch official..... Date.....

5. Approval of deductions from salary by paying officer

- Approved
- Not approved

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

*To be filled in duplicate

Save and Borrow for Development