## NKWAZI COOPERATIVE SAVINGS & CREDIT SOCIETY LTD

Email: nkwazicoop@zamnet.com | Website: www.nkwazicoop.com | Telephone: 260-211-252318 / 22 | P.O.BOX 50547, LUSAKA

### <u>Standing Order / Payroll Deduction</u> <u>Commitment Form</u>

#### A. PERSONAL INFORMATION:

Surname name:	С	urrent Employer:	
Forenames names:	D	outy Location:	
NRC/Passport No:	Jo	ob Title:	
Mailing Address:	St	taff No.:	
Home Address:	С	urrent Net pay:	
Email Address:	Te	erms of	Permanent Contract
Telephone /Cell:	Er	mployment:	If Yes, years remaining

#### B. STANDING ORDER COMMITMENT DECLARATION

was no cancellation of Standing Order but an error on part of the bank.

NRC /Passport No				
Employee of	do hereby commit to remit of <b>K</b>			
(In words	) every month as			
contribution /loan repayment to	be paid to Nkwazi Cooperative Savings & Credit Society Ltd via			
Standing Order every	_ (Day) (Month) Via			
(Bank) (att	ach approved Standing Order or Mandate form from your bank).			
The <b>change or termination</b> of the	e said Standing Order has to be agreed to by the Chairman $/$			
Vice Chairman and Treasurer / $V$	ice Treasurer of the Co-operative in writing.			
I hereby agree that I am responsible for ensuring that the Standing Order transaction is successful within 14				
days of the above said Standing Order date. Failure to ensure this will result in Nkwazi Cooperative				
Savings & Credit Society Ltd char	ging me a penalty of <b>K 200.00 per month</b> of default unless I can			
provide evidence to prove that money was in the account on the said date of Standing Order and there				

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#### SIGNATURE: \_\_\_\_

DATE: \_\_\_\_

### C. PAYROLL DEDUCTION COMMITMENT DECLARATION

I		the HR P	ersonnel Officer / Finance
Manager / Payroll officer /	Director (delete	what's not applical	ole) at
			_ (name of organization) <b>of NRC</b> /
Passport No	do here	by commit to ensu	re remittance of K
(In words			) monthly as
deduction from the payroll f	or		
( name of employee) of NRC /Passport			as contribution /loan
repayment to be paid to Nk	wazi Cooperative	e Savings & Credit	Ltd.
l also do hereby commit to i	nforming in writing	g the Chairman / \	/ice Chairman and Treasurer /
Vice Treasurer of the Co-op	erative of any <b>ch</b>	ange or cancellati	on of the monthly deduction
month; death or terminatio	n of employment	ŀ.	
Attach approved Payroll dedu	ction instructions.		
SIGNATURE:	$\sim$	DATE:	
Distribution Copies:			
🗌 Original - Nkwazi Office 🗋	Duplicate - Treasure	r	
Attach the following:		· · · · · ·	
🗌 Latest pay slip/stub 🗆 Appr	oved DDACC form [	Approved Payroll de	eduction Instructions