LIMBE LEAF EMPLOYEES SACCO

P O Box 40044, Kanengo, Lilongwe 4.

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PART A: MEMBER'S DETAILS

Name/(*Dzina lanu Lonse*):……..…….

Address/*(Adilesi)*:…….

Phone Number: | | | | | | | | | | |

Company Number :……

Department :……

Job Title /(*Udindo Wanu*):…….

ADJUSTMENT *(Kusintha Zodulitsa)*	**REJOINING SACCO** *(Ndikulowaso SACCO)*

PART B: MEMBER'S AUTHORIZATION AND INSTRUCTION

I ……. hereby authorize Limbe Leaf Employees SACCO to effect the below adjustments to deductions from my monthly salary / wages being my investment in shares / savings deposits or both:

Investment Pool *(Zilowe kuti ndalama zanu?)*	**Current Deduction** *(YomweMwakhala mukudulitsa)*	**Revised Deduction** *YomweMuzidulitsa Pano*
SHARES – Redeemable (*Masheya)*		
SAVINGS Deposits – Ordinary *(Madipoziti)*		
Savings – Finance Welfare Fund		
Savings – Shipping Welfare Fund		
Savings – Limbe Leaf Ladies Fund		
Savings – Lilongwe Agronomy Welfare Fund		
Savings-XYZ Savings Group		
Savings- IT Department		
Savings-HR Welfare Fund		
Savings – Leaf Sales welfare fund		
Savings-Leaf Accounts welfare Fund		
Savings-Dowa Social Fund		
Total Monthly Deduction		

This is with effect from*/(Ziyambe Mwezi uti?)*……

Members' Signature*:/(Sayinani*)……Date……..