



NKWAZI COOPERATIVE SAVINGS & CREDIT SOCIETY LTD

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

SIGNATURE: _____ DATE: _____

C. PAYROLL DEDUCTION COMMITMENT DECLARATION

I _____ the **HR Personnel Officer / Finance Manager / Payroll officer / Director** (delete what's not applicable) at _____

_____ (name of organization) of **NRC /**

Passport No. _____ do hereby commit to ensure remittance of K _____

(In words _____) monthly as

deduction from the payroll for _____

(name of employee) of NRC /Passport _____ as contribution /loan

repayment to be paid to Nkwazi Cooperative Savings & Credit Ltd.

I also do hereby commit to informing in writing the Chairman / Vice Chairman and Treasurer / Vice Treasurer of the Co-operative of any **change or cancellation of the monthly deduction month; death or termination of employment.**

Attach approved Payroll deduction instructions.

SIGNATURE: _____ DATE: _____

Distribution Copies:

Original - Nkwazi Office Duplicate - Treasurer

Attach the following:

Latest pay slip/stub Approved DDACC form Approved Payroll deduction Instructions