



SNAT SAVINGS AND CREDIT COOPERATIVE SOCIETY

YOUR SOLUTION

NEW MEMBERS STOP ORDER FORM

I authorized SNAT SACCO to request my employer to deduct from my salary due to me SZL..... each calendar month and thereafter remit the amount deducted to the SNAT SACCO office.

This authorization shall remain valid until the Society, and I notify my employer of any revocation by me.

PERSONAL DETAILS

- a. Name in Full
- b. Graded Tax Number
- c. TSC/UTS Number
- d. Name of School.....School Code.....
- e. SNAT SACCO member Number.....
- f. Swazi ID Number
- g. Cell Number

ALLOCATIONS

Allocations	Amount
• Joining fee	500.00
• Share Capital	
• General Savings	
• Other	
TOTAL	

Signature.....

Date.....

Checked by.....

Date

Processed by.....

Date.....