

# LUBANE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

**FROM:**

**TO:**

Name and Surname

Lubane SACCO

.....

P. O. Box A 213

Membership No.: .....

Swazi Plaza

Branch: .....

Swaziland

Date: .....

Signed: .....

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## THE CHECK – OFF SYSTEM

Please deduct from my salary the sum of E..... in words .....

.....

From date .....

Being:	a)	SHARES	E.....
	b)	SAVINGS	E.....
	c)	JOINING FEE	E.....
	d)	HOLIDAY FEE	E.....
	e)	LOAN REPAYMENT	E.....
	f)	SCHOOL SAVINGS	E.....
	g)	FIXED DEPOSIT	E.....
	h)	INTFUTFWANE	E.....
	I)	OTHER SAVINGS	E.....