



SNAT SAVING AND CREDIT COOPERATIVE SOCIETY

STOP ORDER FORM

I hereby authorized the SNAT SACCO to request my employer to deduct from my salary due to me E..... each calendar month and thereafter remit the amount so 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
- e. School Code
- f. SNAT SACCO member Number.....
- g. District
- h. Swazi ID Number
- i. Cell Number

ALLOCATIONS

Allocations	Amount
• Joining fee	
• Shares	
• General Savings	
• School fees savings	
• Standard Loan	
• Personal Loan	
• Helpline loan	
• Short Loan	
• School fees loan	
• Business Loan	
• Special Loan	
• others	
TOTAL	

Signature.....

Date.....

Checked by.....

Date

Processed by.....

Date.....