

Orapa SACCOS



Orapa Savings & Credit Co-operative Society Limited.



Orapa SACCOS
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STOP ORDER

PERSONAL DETAILS

MR MRS MS DR

MALE FEMALE

FIRSTNAME:

LASTNAME:

SECURITY NUMBER:

DEPARTMENT:

MOBILE NUMBER:

TEL. NUMBER (WORK):

I HEREBY AUTHORISE SACCOS TO DEDUCT FROM MY SALARY/WAGES THE SUM

OF P _____

AMOUNT IN WORDS _____

BEING SAVINGS DEPOSIT PER MONTH FROM _____ UNTIL
FURTHER NOTICE.

I ALSO UNDERTAKE TO INFORM AND DISCUSS WITH THE SOCIETY SHOULD I DECIDE TO
TERMINATE MY SERVICES OR HAVE MY SERVICES TERMINATED BY THE COMPANY OR
SHOULD I DECIDE TO CANCEL/SUSPEND MY STOP ORDER.

SIGNATURE _____ DATE _____