POLICE SAVINGS ASSOCIATION LTD (PSAL)

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1. APPLICATION FOR CHANGE OF MONTHLY SAVINGS

(Complete in block letters)

To: The Chairperson
Police Savings Association Ltd

I hereby apply for change of monthly savings from shs …… to shs …… and conform to the Association by laws and amendments thereof.

Full Name Mr. / Mrs. / M/S……

Date of Birth……

Department……Station……

File / Force No……Rank……Term of Service……

Present Address……Tel No……

Email Address……

(ATTACH A LETTER OF UNDER TAKING)

2. DECLARATION OF AUTHORITY

I ……Hereby Authorize you to Deduct Ug Shs……

from My Salary Every Month With effect from……IPPS NO……

(Attach pay slip)

Signature of Applicant …… Date……

FOR COMPANY USE ONLY

Previous monthly savings …… Current monthly savings ……

Effective date of adjustment ……

Signature of official …… Date ……