College Lecturers Association of Zimbabwe

PUBLIC SERVICE HOUSE (PACHEDU
3RD FLOOR ROOM 309
CNR 3RD ST & LIVINGSTONE AVE
P. O BOX HR 8723
HARARE

THE DIRECTOR
SALARY SERVICE BUREAU
P. O BOX CY 507
CAUSEWAY
HARARE

MEMBERSHIP FORM

[Use reverse side of form for rejections]

Please action the undermentioned deduction from salary in respect of:

SURNAME FOLLOWED BY FORENAME[S] _____

IDENTIFICATION NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

EMPLOYED IN THE MINISTRY / DEPARTMENT OF .....

STATION ..... PROVINCE .....

CONTACT NUMBERS: .....

This deduction is

NEW	CHANGE	CEASE	OTHER

*Tick the applicable

EMPLOYEE CODE NUMBER	C/D	SECTION	SUBSECTION	DEPT CODE

COLAZ GROUP CODES

AD CODE	PAYEE CODE	REFERENCE
4 2 7 2	4 2 7 2 0	S U B S

FROM DATE	TO DATE

AMOUNT IN FIGURES [ ][ ][ ][ ][ ][ ]

IN WORDS: .....

DECLARATION

I, the above-named officer; instruct the Salary Service Bureau to effect a deduction from my salary towards the College Lecturers Association of Zimbabwe. I understand that the cessation of this instruction is only a written counter instruction from me.

Signature:..... **Date**:.....