



CHILUNGAMO SAVINGS & CREDIT CO-OPERATIVES LTD

**C/O High Court of Malawi, P.O. BOX 30244,
BLANTYRE 3**



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MONTHLY CONTRIBUTIONS ADJUSTMENT FORM

BOOK NUMBER:..... EMPLOYMENT NUMBER:.....

FIRST NAME:.....

SURNAME:.....

CURRENT MONTHLY DEDUCTIONS:

SHARES:.....

SAVINGS:.....

NEW MONTHLY DEDUCTIONS:

SHARES:.....

SAVINGS:.....

In application for an adjustment of my monthly contributions effective the month following this day of, I hereby consent that changes be made as advised above.

Signature:.....