



# UNITED NATIONS SACCO

*Financial Freedom In Your Hands*

2<sup>nd</sup> Floor, Zowe House, Area 40, City Center

## **AUTHORIZATION FOR PAYROLL DEDUCTION**

The Country Director/Representative

\_\_\_\_\_

\_\_\_\_\_

Lilongwe.  
Malawi.

Date: \_\_\_\_\_

Dear Madam/Sir

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## **AUTHORIZATION FOR PAYROLL DEDUCTIONS**

I \_\_\_\_\_, in accordance with the memorandum of understanding signed between UN SACCO and , {for UN agencies refer to provisions of the staff rule 103.18(b) (iii)} hereby authorize the offices' Payroll Section to deduct the amounts given below from my salary entitlements on a monthly basis as contributions for the following:

**LOAN DEDUCTION** MK.....

**SHARE CONTRIBUTION** MK.....

**SAVINGS CONTRIBUTION** MK.....

**TOTAL** MK.....

**Note: if member is not changing the share and savings amount the spaces may be left blank**

These funds are to be remitted to the United Nations Savings and Credit Cooperative (UN SACCO) beginning on.....And to end as advised by the SACCO

Signature: \_\_\_\_\_  
**Member**

Certified: \_\_\_\_\_  
**The Manager – UN SACCO**

Approved: \_\_\_\_\_  
**Director/HR Manager – Agency**



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## MEMBERSHIP APPLICATION/KYC FORM

### A. PERSONAL DETAILS

Surname:	Other Names:		
Title:	Nationality:	Gender: M	F
Date of Birth:	Marital Status:	Occupation:	

### B. CONTACT DETAILS

Postal Address:	Postal Code:	Town/City:
Telephone:	Cell Phone No:	Email Address:

### C. PHYSICAL ADDRESS

District/Town:	Location/Area:	House Number:
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### D. HOME/PERMANENT ADDRESS

Village:	T/A:	District:
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### E. IDENTIFICATION

ID Type: National ID / Passport	Place of Issue:	
ID No:	Issue Date:	Expiry Date:

### F. EMPLOYMENT DETAILS (To be completed by employed applicant)

Name of Employer:	Department/Agency:	Payroll No.:
Station:	Location:	Emp. No.:
Terms of Employment (Please Tick below):		
Permanent                      Contract	Contract Start Date	Contract Expiry Date:
Highest Education:	Job Title:	



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**G. IF SELF EMPLOYED (To be completed by a business applicant)**

Business Name:	Street/Building/Estate:	Office Number:
Nature of Business:		

**SOURCE OF FUNDS** (Tick as appropriate)

Salary: <input type="checkbox"/>	Business: <input type="checkbox"/>	Pension: <input type="checkbox"/>
Others: (Specify)		

**ESTIMATE MONTHLY INCOME LEVEL**

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**H. BENEFICIARY (To be completed by all applicants)**

Nominee's Name: _____	ID No.: _____	Relationship: _____
Phone No.: _____	P.O. Box: _____	% _____
Nominee's Name: _____	ID No.: _____	Relationship: _____
Phone No.: _____	P.O. Box: _____	% _____

**APPLICANT'S SIGNATURE**

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**Note: Should you have more than two nominees kindly attach an extra sheet giving us the details above and ensure that you endorse the attached form**



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## I. COMMERCIAL BANK ACCOUNT DETAILS

Account Name.....

Bank Name:.....Branch.....

Account Number.....Account Type.....

## J. MEMBER DECLARATION

I have read, understood and undertake to comply, observe and be bound by the by laws, policies and any other amendments thereof of UN SACCO.

Applicant signature.....Date .....

## K. REFEREE

I \_\_\_\_\_ Phone/NO \_\_\_\_\_ Mobile/NO \_\_\_\_\_

Confirm that the applicant is capable of operating an account independently as a member of UN SACCO

Employer (Director/HR Manager signature \_\_\_\_\_ Date \_\_\_\_\_

MEMBER NO _____	ACCOUNT NUMBER _____	
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## REQUIRED ATTACHMENTS

1. Copy of ID
2. Passport Size photo
3. Map of physical address to be attached

## L. SPECIMEN SIGNATURES *(Sign on all four places)*

I. ....

II. ....

III. ....

IV. ....

NAME OF APPLICANT:.....

### OFFICIAL USE ONLY

Member Recruited by: \_\_\_\_\_ Signature \_\_\_\_\_

Member Created by: \_\_\_\_\_ Signature \_\_\_\_\_

Member Approved by : \_\_\_\_\_ Signature \_\_\_\_\_