

NEHAWU House
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2000



NEHAWU SACCO
Member-owned, Member-controlled

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SAVINGS DECREASE

Personal Details

Employee number _____ Deduction Date _____

Surname _____ Name _____

Address

Postal Code _____

I hereby decrease my savings from R_____ to R_____

An amount of R_____ must be transferred to my monthly savings and R_____ to

Christmas Savings Acc or Education Savings Acc
 Fixed Deposit Savings Acc

Signed _____ Date _____

For Office Use Only

Date Received _____

Processed by _____ Date Processed _____
