

LAUTECH AKADA MULTIPURPOSE COOPERATIVE SOCIETY LIMITED
P. M. B. 4000, OGBOMOSO, OYO STATE
REGISTRATION FORM

Pay Slip Number..... **MCS N0**

Name

DepartmentDesignation.....

Home Town Permanent Home Address

.....

Appointment type (Permanent, Temporary, Contract)

Next of Kin Relationship to Next of Kin

Address of Next of Kin

Date of Registration/...../.....

Signature & Date

President's signature & Date

Secretary's signature & Date

.....
(Please do not detach)

Name

Department

Date

The Bursar,
LAUTECH,
Ogbomoso.

Dear Sir,

AUTHORITY TO DEDUCT FORM MY SALARY

I, hereby authorize the
Deduction of N (.....) monthly from my salary to the coffers
of LAUTECH AKADA MCS LTD. until further notice, with effect from
.....salary.

Thank you.

.....
Signature & Date