



Group Resources Management Cooperative Multipurpose Society Limited

1, Elsie Femi Pearse Street, Victoria Island, Lagos.
e-mail: admin@groupresourcesltd.com; phone: 08036715880;08034681025;09088756882

Date: _____

The Division Manager, Staff Services
9th Floor, Churchgate Towers,
Plot 473 Constitution Avenue,
Central Business District,
Abuja

Dear Sir,

CONTRIBUTION MODIFICATION REQUEST STAFF MATRICULATION NUMBER _____

I, _____

Full Name (Surname First – IN BLOCK LETTERS)

hereby wish to modify my monthly savings with the above Cooperative Society from
=N= _____ to =N= _____ and hereby authorize the

Management of **NAE** to deduct from my monthly payroll the sum of =N= _____ (figure)

Amount in words

Amount in words

with effect from _____20____ and pass on such deductions made to the above-named
Society as my regular monthly savings until notified otherwise in writing through the society.

NAME OF STAFF
AUTHORISING DEDUCTION

NAME OF WITNESS

SIGNATURE OF STAFF
AUTHORISING DEDUCTION

SIGNATURE OF WITNESS

DATE

DATE