



# Group Resources Management Cooperative Multipurpose Society Limited

Plot 17, Adewale Kolawole Crescent by Marwa bus stop, Lekki Phase I.  
e-mail: [admin@groupresourcesltd.com](mailto:admin@groupresourcesltd.com); phone: 08023127783;08034681025;09088756882

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

The Division Manager, Staff Services  
Nigerian Agip Exploration Limited.  
22<sup>nd</sup> Floor, World Trade Center,  
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