

# 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;08037086281

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

Acting General Manager, HCM & Services  
Oando Energy Resources Nigeria Limited  
The Wings Office Complex,  
17a Ozumba Mbadiwe Avenue,  
Victoria Island, Lagos, Nigeria

Dear Sir,

**SAVINGS AUTHORIZATION REQUEST:**  
**STAFF MATRICULATION NUMBER** \_\_\_\_\_

I, \_\_\_\_\_

**Full Name (Surname First – IN BLOCK LETTERS)**

hereby authorize the Management of **OERNL** to deduct from my monthly payroll the sum  
of =N= \_\_\_\_\_ (figures) \_\_\_\_\_

**(Amount in words)**

\_\_\_\_\_  
**(Amount in words)**

with effect from \_\_\_\_\_ 20\_\_\_\_ and pass on the deductions made to the  
**(Month)**

above-named Society as my regular monthly savings until otherwise notified in writing  
through the society.

\_\_\_\_\_  
**NAME OF STAFF  
AUTHORISING DEDUCTION**

\_\_\_\_\_  
**NAME OF WITNESS**

\_\_\_\_\_  
**SIGNATURE OF STAFF  
AUTHORISING DEDUCTION**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**