LESA SACCOS LIMITED
US Mission in Tanzania
P. O. Box 9123 Dar es Salaam

ALLOTMENT FORM

To: (Employer's Address) Date: ……..

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SACCOS ALLOTMENT DISTRIBUTION

Member's Full Name: (Surname, First, Middle) ……..

Agency (State, CDC, USAID, etc) ……..

Terms of Service (Permanent, Contract) ……

Please ☐ Increase / ☐ Decrease my regular contributions and loan repayments

in favour of LESA Savings and Credit Cooperative Society Limited. From TZS …… to TZS…… payable per Pay Period (PP) with immediate effect.

Bank:	National Microfinance Bank (NMB)
Account Name:	LESA SACCOS LIMITED
Account Number:	2266600189
Swift Code:	NMIBTZTZ

Member's Signature ……

FOR OFFICIAL USE ONLY: (LESA SACCOS LIMITED)

Reviewed by: Name ……

Signature …… Date: ……..

Title ……

Approved by: Name ……

Signature …… Date: ……..

Title ……