

# LESA SACCOS LIMITED

## CONTRIBUTION DECLARATION FORM

### A: PERSONAL DETAILS

<b>1. Name: Ms./Mr./ Mrs./Dr.</b> (Circle whichever is applicable)	Surname:	First Name:	Middle Name:
<b>2. Sex: (Tick appropriate box)</b>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
<b>3. Birth Information</b>	Date of Birth:	Place of Birth:	Nationality:
	If not a Tanzanian nationality:	Passport No:	Work permit No:
	Employer:		
<b>4. Member's physical and Postal Address</b>	Street:	Plot No:	Ward
	District:	Region:	P.O. Box:
<b>5. Telephone and E-mail</b>	Mobile: <input type="text"/>	Home: <input type="text"/>	Work: <input type="text"/>
		Email address: <input type="text"/>	
<b>6. Details of Next of Kin</b>	Surname:	First Name:	Middle Name:
<b>7. Next of Kin's Physical and Postal Address</b>	Street:	Plot No:	Ward
	District:	Region:	P.O. Box:
<b>8. Next of Kin's Telephone and E-mail</b>	Mobile: <input type="text"/>	Home: <input type="text"/>	Work: <input type="text"/>
		Email address: <input type="text"/>	

### B: LOAN SECTION: Declaration of Outstanding Loans and Obligations with other Financial Institutions:

<b>9. Do you have any outstanding loan with any Financial Institution?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If Yes, complete the following below but if No, put "N/A" (Not applicable) for all relevant fields.			
<b>Name of Lender 1:</b>			
Total Loan (TZS):	Outstanding Balance (TZS):	Monthly Repayment Amount (TZS):	Loan Expiry Date:
<b>Name of Lender 2:</b>			
Total Loan (TZS):	Outstanding Balance (TZS):	Monthly Repayment Amount (TZS):	Loan Expiry Date:

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### B: LOAN SECTION: (Continued)

<b>Name of Lender 3:</b>			
Total Loan (TZS):	Outstanding Balance (TZS):	Monthly Repayment Amount (TZS):	Loan Expiry Date:
<b>10. Would you like to consolidate your loan portfolios into one and obtain a top-up loan (Loan Refinancing)?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>11. What is the maximum rough estimate of the amount of loan would you be willing and able to borrow, if LESA SACCOS LIMITED decides to buy all your loan portfolios?</b>		Amount in TZS:	

### C: MEMBERSHIP CONTRIBUTION INFORMATION THROUGH SALARY ACCOUNT

<b>12. Identification Number (Member's ID #)</b>			
<b>13. Year Joined LESA SACCOS:</b>	Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>
<b>14. Total contributions to-date</b>	Savings: (TZS)		
	Deposits: (TZS)		
	Shares: Number of shares		
	Value (TZS)		
<b>15. Proposed New Contributions per Pay Period (PP)</b> <i>(Note: Your revised PP or monthly contribution should not interfere with your family commitments or any obligations from other financial institutions and should not be below the minimum required contribution per PP)</i>	Savings: (TZS)		
	Deposits: (TZS)		
	Shares: Number of shares		
	Value (TZS)		
<b>16. Total Contribution per PP</b>	Tsh: <input type="text"/>		
<b>17. Does the revised (PP or Monthly) contribution interfere with your family commitment or any outstanding financial obligations with other financial institutions?</b>	Yes : <input type="checkbox"/>	No: <input type="checkbox"/>	
<b>18. Declaration of the accuracy of my information for the outstanding loan:</b> <i>(Note: Provision of any falsified information can result into legal and disciplinary actions)</i>			
<p>I .....Declare that the information presented regarding the outstanding loans with other financial institutions and PP contributions is true and accurate, and do not interfere with my other financial obligation with outstanding creditors that may prevent me from meeting my obligations with those Institutions. Therefore, I take responsibilities for any wrong or falsified information contained (if found/determined) pursuant to the LESA SACCOS LIMITED constitution, Tanzania and USG employment laws and conducts.</p> <p>Signature: ..... Date: .....</p>			

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### D: FOR OFFICIAL USE ONLY: (LESA SACCOS LIMITED): Preliminary Review for accuracy of the contributions

Reviewed by: Name .....  
Signature ..... Date: .....  
Title .....

### E: FILLING OF THE SALARY ALLOTMENT FORM AT HUMAN RESOURCES OFFICE (Note: Attach a copy of the approved Allotment Form with this form and submit to LESA SACCOS LIMITED Office)

This form after being reviewed by Representative of LESA SACCOS LIMITED in section D above, a member of the LESA SACCOS LIMITED obtains and fills the salary allotment form from the Human Resources Office. S/he takes a copy of the fully approved salary allotment form together with this request form to the LESA SACCOS LIMITED offices for approval and processing of his/her PP contributions.

### F: FOR OFFICIAL USE ONLY: (LESA SACCOS LIMITED)

Have we confirmed with the Human Resources Office about the completeness and accuracy of the Salary Allotment Form? Yes: ☐ (Attach e-mail or Letter from HR) No: ☐ (Any remarks) .....  
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Confirmed by: Name .....  
Signature ..... Date: .....  
Title .....

Approved by: Name .....  
Signature ..... Date: .....  
Title .....

Authorized by: Name .....  
Signature ..... Date: .....  
Title .....