



FEDERAL ROAD SAFETY CORPS SULEJA STAFF COOPERATIVE THRIFT AND LOAN SOCIETY (FSS-CTL)

REVIEW OF CONTRIBUTIONS FORM

NAME:

PIN: RANK:

COMMAND: PHONE NO:

BANK: ACCOUNT NO:

CURRENT MONTHLY CONTRIBUTION (₦):

NEW MONTHLY CONTRIBUTION (₦):

WITH EFFECT FROM:

*I confirm that I have provided the information above and agree to the terms and conditions governing FSS-CTL monthly contributions:

Signature: Date:

FOR OFFICIAL USE ONLY

FINANCIAL SECRETARY'S COMMENT:

SIGNATURE: DATE:

PRESIDENT'S COMMENT:

SIGNATURE: DATE: