



TEACHERS FORUM OF ZIMBABWE
don't mourn, organise

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The Director
Salary Service Bureau
P.O Box 507
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SSB MEMBERSHIP FORM

SURNAME

FIRST NAMES

EMPLOYEE CODE No

C/D

NATIONAL IDENTITY No

CELL No

DEPT CODE

STATION CODE

DEDUCTION TYPE (tick applicable box)

NEW

☐

CHANGE

☐

CEASE

☐

MONTHLY SUBSCRIPTION

FROM DATE

NEXT OF KIN

SURNAME

FIRST NAMES

NATIONAL IDENTITY No

RELATIONSHIP

CELL No

I hereby authorise TeFOZ to deduct the above amount towards my membership. I will also cease my membership through TeFOZ without any refund.

Signature.....

Date.....