



## THE VETERINARY ASSOCIATION OF ZAMBIA

(Established by Act No. 45 of 2010)

PO BOX 32117, LUSAKA, ZAMBIA

E-mail: [vaz@zamnet.zm](mailto:vaz@zamnet.zm); [secretary@vaz.org.zm](mailto:secretary@vaz.org.zm)

### MEMBER PAYROLL DEDUCTION REQUEST FORM

#### Payment of Statutory Fees

##### Employer Details

To (Employer's name)	
Postal address	
Physical address	
Telephone:	E-mail:
Department:	Department No (If applicable):
Pay point (If applicable)	Division (If applicable)

##### Employee (Member) Details

Surname	
Fore names	
Maiden name	
Employee number	
Identity (NRC/Passport)	
VAZ Registration number	

I wish to confirm that I have effected payment of statutory fees to the Veterinary Association of Zambia (VAZ) via regular monthly deductions from my salary. I wish to authorize you as my employer to deduct monthly from my salary, the amount through the period as stated below and remit it to VAZ.

Amount to be deducted per month	
Period in months	

The fees should be remitted to the VAZ account details stated below:

Name: Veterinary Association of Zambia  
Account Number: 1792678400119  
Bank: Zambia National Commercial Bank  
Branch: Manda Hill

Member signature	
Date	

**NOTE:** To be filled in in triplicate and copies to member, VAZ and employer be given