



THE VETERINARY ASSOCIATION OF ZAMBIA

(Established by Act No. 45 of 2010)
Office 13, 1st Floor, Kwacha House, Lusaka.
Po Box 32117, Lusaka, Zambia.
Email: pmec@vaz.vet

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	



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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:

- first copy to Member,
- second copy to Employer,
- third copy to **VAZ**.