

ZIMBABWE BANKS AND ALLIED WORKERS UNION (ZIBAWU)



MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS OF MEMBER

I, (MR/MRS/MISS) SURNAME: _____ NAME(S) _____

DATE OF BIRTH: _____ ID NUMBER: _____ SEX: MALE / FEMALE

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: HOME _____ WORK _____

hereby make an application for membership to the Zimbabwe Banks and Allied Workers Union and if granted membership, I undertake to abide by the Constitution of the Union as in force from time to time

EMPLOYMENT DETAILS

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

DATE ENGAGED: _____ JOB TITLE _____ GRADE _____

EMPLOYEE NUMBER _____ BRANCH/DEPT/UNIT _____

REGION _____ SECTOR _____

QUALIFICATIONS _____ YEARS OF EXPERIENCE _____

Stop Order form
MESSRS:

NAME AND ADDRESS OF EMPLOYER _____

THROUGH: THE GENERAL SECRETARY
ZIMBABWE BANKS AND ALLIED WORKERS UNION
NO. 1 MEREDITH DRIVE EASTLEA, HARARE
P.O. BOX 966, HARARE

Dear Sir/Madam

I (ful name) _____ being a member of the above trade union hereby request you to deduct 1.5% of my salary per month and as may be determined from time to time according to the Union's Constitution, in respect to my subscription to the Union. I undertake that I shall myself give 2 months written notice of resignation to the Union before cancelling this authorisation.

Yours faithfully

Signature _____

Date _____

NB. Sectors covered

Banking, Finance & Discount Houses, Asset Managements, Microfinances, Bureau de Change, Merchants Banks, Insurance broking, Bancassurance