



Swazi Economic Improvement Workers Union

P.O. BOX 1356

Office No.6 Plot No 107 Situated on Corner Street,
Kukhanya Building, Nhlngano Opp .Vilane Complex
Kingdom of Eswatini

Email: info@seiwu.net

Website: www.seiwu.net

Tel: 220-79824 / 76311125/76172847/78027580/1/2/

Cell:76246632 / 78027580

JOINING FORM & STOP ORDER FORM

SEIWU MEMBERS BURIAL BENEFITS

- | | |
|---|------------|
| 1.Principal member | E5, 000.00 |
| 2.Spouse | E5, 000.00 |
| 3.Child (14-21 Years) | E5, 000.00 |
| 4.Child (6-13 Years) | E1, 500.00 |
| 5.Child (1-5 Years) | E1, 000.00 |
| 6.Still Born (from 26weeks) to 11 Months | E1, 000.00 |
| 7.Note* No waiting period, maturity is on subscrip- | |

Messer's:

TO: _____(Company Name)

FROM: The Secretary General
Swazi Economic Improvement Workers Union
P.O. Box 1356 Nhlngano
NHLANGANO

Dear Sir,

I (full name) _____ being a member of the above-mentioned Trade Union, hereby request you to deduct an amount of **E35.00** from my remuneration in respect of dues and levies payable to that Trade Union and I further instruct my employer to deduct the sum of **E20.00** as a joining fee. I hereby revoke any previous authorization for deductions in respect of any other Union.

I undertake to give the Union written notice, in terms of the Act, to resign my membership to the Union

MEMBER SIGNATURE _____

ID Number _____

DATE _____

WITNESS _____

Department _____ Employment Number _____

FOR OFFICIAL USE

I certify that the above mentioned person is a member of the Swazi Economic Improvement Workers Union (SEIWU), and that his monthly membership fee is **E35.00**

General Secretary

DATE