



Pali Partner Plan

Account # _____ Starting Date _____

Name: _____

Address: _____

Telephone Numbers Home: _____ Cell: _____

Name of Employer _____

Address: _____

Telephone numbers _____

Amount of Hands _____ Number of weeks _____ Draw Amount \$ _____

Method of Payment _____ monthly/fortnightly/weekly

Maturity Date _____

Signature of member

ID Number

Witness