

# SHERIA SACCO SOCIETY LTD

## FRONT OFFICE SERVICES ACTIVITY

P.O. Box 34390 -00100

Nairobi



Tel : 227461 Ext.37164

Tel : 313063 or 2010396

### TO BE COMPLETED IN TRIPLICATE

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#### DECLARATION BY THE APPLICANT TO THE EMPLOYER

I hereby authorize my employer ..... of P.O.  
Box .....to remit my monthly net salary to  
Sheria FOSA Account No. .... w.e.f  
..... until such a time that Sheria FOSA discharges  
me in writing from any liability.

Applicant's Name..... PF. NO. ....

Station .....ID No ..... Signature ..... Date.....

#### EMPLOYER'S CONFIRMATION:

I hereby undertake to effect the above instructions.

..... Name	..... Designation	..... Signature	..... Official Stamp	..... Date
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