



## PENSION PAYPOINT FORM

The Paymaster

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Dear Sir/Madam

**RE: PAYPOINT PARTICULARS**

I..... (Employee name) Staff No. ....  
Member No. .... ID No. .... do hereby request you to  
pay all sums of money due to me in respect of salaries or any money that may become due to me in any  
other form to my Sheria Sacco Account:

Account Number	9	0	0	1															
Bank Name	Cooperative Bank of Kenya																		
Bank Code	11037																		

I agree that this instruction is irrevocable without the consent of Sheria Sacco Society Limited and that it  
supersedes any other request given by me prior to this date.

Dated this..... Day of .....20.....

Signature: .....