



# SHERIA SACCO SOCIETY LIMITED

P.O. Box 34390 – 00100, NAIROBI

Tel: 020 78 01 500

## SALARY PAY POINT INSTRUCTION

### PERSONAL INFORMATION

Hon/Judge/Dr/Mr/Mrs \_\_\_\_\_

ID/Passport Number \_\_\_\_\_ PJ/PF Number \_\_\_\_\_

Employer \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Employer Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

### DECLARATION BY THE APPLICANT TO THE EMPLOYER

I hereby authorize my employer \_\_\_\_\_ To Change my account from **(Bank Name)** ..... **Branch**..... **Account Number**..... and remit my monthly net salary to SHERIA SACCO FOSA Account Number.....with effect from \_\_\_\_\_ until such a time Sheria Sacco discharges me in writing from any liability.

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYER CONFIRMATION

I hereby undertake to effect the above instructions.

<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Official Stamp</b>
Date ____/____/____			

### OFFICIAL USE

FOSA Manager Remarks \_\_\_\_\_ Signature \_\_\_\_\_