



Safaricom Sacco  
LIMITED

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**THIS INSTRUCTION MUST BE CONFIRMED BY AN AUTHORISED OFFICER OF THE SACCO**

I, MR/MRS/MISS ..... STAFF NO.....  
DEPT ..... DESIGNATION.....  
MOBILE NUMBER..... EMAIL ADDRESS.....

**HEREBY REQUEST AND AUTHORIZE YOU TO ADJUST/DEDUCT MY REMITTANCES IN FAVOUR OF SAFARICOM SACCO SOCIETY LIMITES AS SPECIFIED BELOW WITH EFFECT FROM ..... UNTIL FURTHER NOTICE**

	FROM	TO
1. Deposit contribution	.....	.....
2. Development Loan repayment	.....	.....
3. School fees Loan repayment	.....	.....
4. College fees repayment	.....	.....
5. Emergency Loan repayment	.....	.....
6. Land loan repayment	.....	.....
7. Household loans repayment	.....	.....
8. IPO loan repayment	.....	.....
9. Instant Loan repayment	.....	.....
10. Jaza Jaza contribution	.....	.....
11. Others .....	.....	.....

MEMBER'S SIGNATURE .....  
DATE .....  
MEMBERSHIP NO .....

**FOR SOCIETY USE ONLY**

**INSTRUCTIONS CONFIRMED IN ORDER/ NOT IN ORDER**  
OFFICERS NAME .....  
SIGNATURE .....  
DATE ACTIONED .....