



Safaricom Sacco
LIMITED

P.O. BOX 66827 – 00800, WESTLANDS
TEL: (020) 4273228, 4273050, 4273438
JCC – Telephone (020) 427 2685/427 2006

SACCO MEMBERSHIP CONTINUATION REQUEST

The Secretary,
Safaricom Sacco Ltd,
NAIROBI.

This is to notify the Society of my resignation form Safaricom Limited w.e.f _____ . I would like to continue with my membership of the Safaricom Sacco. My details are as follows:

Personal Account Details

FULL NAMES: _____ STAFF NO _____ ID NO _____

EMPLOYER: _____ POSTAL ADDRESS _____

DUTY STATION _____ OFFICE NUMBER _____

MOBILE PHONE NO _____ ALTERNATE PHONE NO. _____

E-mail Address: (Official) _____ E-mail Address: (Personal) _____

I am FULLY aware of my obligations as a cooperator that states: **a member must make remittance consistently to the Sacco every month.**

Attached please find the Direct Debit form/Standing Order or any other instructions for Kshs.; duly signed for remittance of my monthly contributions as follows:

Deposits : Kshs _____

Loans : Kshs _____ Type of loan : _____

: Kshs _____ Type of loan : _____

: Kshs _____ Type of loan : _____

Others : Kshs _____

Signature of Applicant (Within the box)

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name.....

Designation

Signature

Date

AUTHORISED BY

Name.....

Designation

Signature

Date