



Safaricom Sacco
L I M I T E D

P.O. BOX 66827 – 00800, WESTLANDS
TEL: (020) 4273228, 4273050, 4273438
JCC – Telephone (020) 427 2685
Email: sacco@safaricom.co.ke

FRONT OFFICE SALARY REMITANCE FORM

TO Paymaster

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RE: PAYPOINT PARTICULARS

(TO BE FILLED IN DUPLICATE)

I, MR/MRS/MISS STAFF NO.....
DEPARTMENT BRANCH.....
PRESENT WORK STATION AND POSTAL ADDRESS
MOBILE NUMBER EMAIL ADDRESS.....

Hereby request you to pay all or part sums or money due to me an amount of Kshs (in words) In respect of salaries or any money that may become due to me in any form to my Safaricom Sacco FOSA account

Account No

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Where the said amount of money paid to me constitutes an overpayment, I hereby given an irrevocable authority to the society to return it to my employer whether or not I am in employment with the organization

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

Dated this Day of 20.....

Member's Signature

HR DEPARTMENT – REWARDS AND RECOGNITION

INSTRUCTIONS ARE IN ORDER

OFFICERS NAME

SIGNATURE

DATE