



Safaricom Sacco  
LIMITED

P.O. Box 2392 – 00606, WESTLANDS  
TEL: 0111 222 226/7  
Email: sacco@safaricom.co.ke

**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 LIMITED AS SPECIFIED BELOW WITH EFFECT FROM ..... UNTIL FURTHER NOTICE

	FROM	TO
1. Deposit contribution	.....	.....
2. Development Loan repayment	.....	.....
3. Consolidated Loan repayment	.....	.....
4. College/ Emergency loan repayment	.....	.....
5. Miradi Loan repayment	.....	.....
6. Asset loan repayment	.....	.....
7. Household loans repayment	.....	.....
8. Benevolent Fund	.....	.....
9. Premium Loan repayment	.....	.....
10. Pamoja loan repayment	.....	.....
11. Others Specify .....	.....	.....

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

**FOR SOCIETY USE ONLY**

**INSTRUCTIONS CONFIRMED IN ORDER/ NOT IN ORDER**

OFFICERS NAME .....

SIGNATURE .....

DATE ACTIONED .....