

SALARY REMITTANCE FORM

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED



TO PAYMASTER

PAYPOINT PARTICULARS

I Mr. Mrs. Ms. Staff No:

Department: Branch:

Present Workstation & Postal Address:

Mobile No: eMail Address:

Hereby request you to pay all or part sums or money due to me an amount of KShs. Amount in Figures

Amount 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.

Date: DD MM YYYY

Member Signature:

FOR OFFICIAL USE ONLY

HR DEPARTMENT – REWARDS & RECOGNITION

Instructions confirmed to be In Order

Approved By

Signature

DD MM YYYY
Date