

VARIATION FORM

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



I Mr. Mrs. Ms. Staff No:

Department: Designation:

Mobile No: eMail Address:

Hereby request and authorize you to **Adjust** **Deduct** my remittances in favor of Safaricom SACCO Limited as specified below with effect from until further notice.

	FROM	TO
<input type="checkbox"/> 1. Deposit Contribution	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2. Development Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3. School Fees Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4. College Fees Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5. Emergency Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6. Land Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 7. Household Loans Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 8. IPO Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9. Instant Loan Repayment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 10. Jaza Jaza Contribution	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 11. Others: <input type="text"/>	<input type="text"/>	<input type="text"/>

Member Signature Date: Member No:

FOR OFFICIAL USE ONLY

instructions confirmed In Order Not In Order

Approved By Signature DD MM YYYY Date