

SHIRIKA DEPOSIT TAKING SACCO SOCIETY LIMITED
P.O.BOX 43429-00100-NAIROBI
TEL : 3740625,FAX 3753626 0734897817 /0724610715
E-MAIL ADDRESS:info@shirikasacco.co.ke,shirikasaccosociety@gmail.com ,Website:
www.shirikasacco.co.ke

SALARY PROCESSING THROUGH FOSA

Code: 194

Name:.....

PF Number:.....

Member Number.....

FOSA Account Number:.....

ID No:.....

Cell:.....

Address:.....

To:..... (Employer's Name)

..... (Employer's Address)

Attention: HRM/Salary/IPPD

I the undersigned do hereby request you to pay my **salary** through **Shirika Sacco Ltd**

FOSA with effect from the Month of..... Year.....

Account No: 01100069026301, CO-OPERATIVE BANK, STIMA PLAZA BRANCH

This authority cancels any other authority given by me prior to this date.

Signature:.....

Dated the..... Day of..... 20.....

Recruited by:.....

**SALARY ONCE CHANELED THROUGH SHIRIKA FOSA IS IREVOCABLE UNLESS CLEARED
OF ANY LIABILITY
(ATTACH COPIES OF SACCO LINK ATM CARD AND ID)**