

SHIRIKA DEPOSIT TAKING SACCO SOCIETY LIMITED

P.O. BOX 43429

NAIROBI.

TEL:0724610715-0734897817

EMPLOYEE IRREVOCABLE INSTRUCTION (PART A)

I.....M/NO.....P/TSC/NO.....

Employed at.....dept.....stationed at.....

Wish to instructwho is my employer to continue paying my salary

Through Shirika Fosa account no 01100069026301 at Shirika Sacco. I also waive my rights to change this instruction until such a time when Shirika states otherwise. I also state that my Net Salary of Kshs:.....shall not be committed further and that on termination of my employment to deduct the balances outstanding together with other charges expenses incurred on my account to Shirika Sacco on that date from my final salary payment, leave, bonus pay and other termination benefits (excluding pension).

SIGNED.....M/NO.....DATE.....

EMPLOYER COMPLETE PART (B)

EMPLOYER:S

NAME.....

RE:.....

(EMPLOYEE)

We hereby confirm the following about our named employee.

Date employed.....date confirmed.....

Gross salary.....Net salary.....

We confirm that we shall act as per our employee's irrevocable instruction and by signing below confirm that he/she is on permanent employment and we will remit his/her salary through your Sacco until the loan requested is fully redeemed and that in case of termination we will notify you.

Yours faithfully,

CO.NAME.....

NAME.....

SIGNATURE.....

DESIGNATION.....