

SHIRIKA DEPOSIT TAKING SACCO SOCIETY LTD  
P.O. BOX 43429  
**NAIROBI.**

**TEL:3740625/3753626**

DATE.....

**DEPOSITS VARIATION FORM**

I MR/MRS/MISS.....P/NO.....M/NO.....  
of Postal address... request you to increase/reduce my monthly  
deposits contributions from Ksh:.....to Ksh: .....per month with effect  
from..... until further notice.

- i. Minimum deposits contribution is 10% of total earnings.
- ii. This instruction must reach the office by 25<sup>th</sup> of the preceding month.

**SIGNATURE.....DATE.....**

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