

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

TEL:3740625/3753626

DATE.....

WITHDRAWABLE SAVINGS SCHEME VARIATION FORM

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

- i. Minimum W.S.S. contribution is Ksh:500=
- ii. This instruction must reach the office by 25th of the preceding month.

SIGNATURE.....DATE.....

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