

SHIRIKA DEPOSIT TAKING SACCO SOCIETY

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

PAYMENT OF PENSION THROUGH FOSA

Code: 194

Name:.....

Pension Number.....

Member Number.....

FOSA Account Number:.....

ID No:.....

Cell:.....

Address:.....

Attention: Pension Department

I the undersigned do hereby request you to pay my pension 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.....

(ATTACH COPIES OF SACCO LINK ATM CARD AND ID)