

**SHIRIKA 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

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**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)***