

UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
c/o I.L.R.I.,
P.O. BOX 30709,
Nairobi

THE ACCOUNTANT,

.....(ORGANISATION)
.....

Thro' SECRETARY/TREASURER,
UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.,
PO BOX 30709,
NAIROBI.

VOLUNTARY ASSIGNMENTS

TO UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

I, DR/MR/MRS/MISS PAYROLL NO.
HEREBY AUTHORISE AND REQUEST YOU TO DEDUCT FROM MY PAY EACH
PAY DAY SUM OF SHILLINGS
..... (KSHS.)

WITH EFFECT FROM 20 TO BE PAID TO
UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED. THIS
INSTRUCTION TERMINATES ONLY WITH KNOWLEDGE AND WRITTEN
APPROVAL OF THE TREASURER OF THE SAID SOCIETY.

NAME:

SIGNATURE: DATE:

(FOR SOCIETY'S OFFICIAL USE ONLY)

MEMBERSHIP NUMBER:

DATE FORWARDED:

SIGNATURE OF FORWARDING OFFICER:

DESIGNATION:

FOR UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.