

SHIRIKA 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 25th of the preceding month.

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

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