

**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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**PAYMENT OF PENSION THROUGH FOSA**

**Code: 194**

Name:.....

Pension Number.....

Member Number.....

FOSA Account Number:.....

ID No:.....

Cell:.....

Address:.....

To: .....(Employer's Name)

.....(Employer's Address)

**Attention: HRM/Pension/IPPD**

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, COPERATIVE 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)**

