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CHRISTMAS SAVINGS FORM

1. Name:..... P/No:..... Member No:.....
2. Department.....ID No.....Designation.....
3. Employer and Address:.....
4. Phone No:
5. I hereby authorize you to deduct from my salary **KES 200/=** (Registration(*payable once*))
and KES(In words) my monthly Christmas savings contribution.
(Minimum contribution is **Kshs.500/=** per month
Effective from.....

I certify that the information given here is correct to the best of my knowledge.

6. Applicant's signature..... Date:.....