



P.O BOX 7504 – 30100 ELDORET, TEL 0707-737161
Email: shamirisacco@gmail.com Website: www.shamirisacco.co.ke

AUTHORITY TO INCREASE/ DECREASE DEDUCTIONS FROM SALARY

PARTICULARS OF THE MEMBER

Name: _____ PFNo _____ M/No _____

MOBILE PHONE No. _____

EMPLOYER: _____

Please adjust my deductions as follows:-

1. Increase/ Decrease my shares from Kshs. _____ to Kshs. _____
2. Increase/ Decrease my 1st loan from Kshs. _____ to Kshs. _____
3. Increase/ Decrease my 2nd loan from Kshs. _____ to Kshs. _____
4. Increase/ Decrease my 3rd loan from Kshs. _____ to Kshs. _____
5. Increase/ Decrease my Xmas contribution from Kshs _____
to Kshs. _____

Adjustment to be made in the month of _____

Signature _____ Date _____

NOTE For any adjustments to be made in the current month's payroll, forms must have been received before 15th of the current month.

FOR OFFICIAL USE ONLY

Fed in the month of _____

Date of feeding _____

Fed by _____ Signature _____ Date _____

Date of re-feeding _____

By _____ Signature _____