



Delivering Financial Freedom

UNIPHARMA SACCO SOCIETY LTD.

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CHILDREN'S SAVINGS SCHEME VARIATION FORM

I, MR./MRS./MISS.....

EMP. NO.

M/NO.

EMPLOYER.....

Postal Address.....

E-Mail.....

Station.....

I.D. No.

I request you to make a **DEDUCTION OF KShs.**.....per month with effect from.....

Year 20....., being Holiday Savings.

Signature.....

Date.....

NB:

- *For the variation to be effected in the succeeding month, this variation form must reach us on or not later that 10th of the current month.*
- *Minimum Contribution will be KShs. 500.00 per month*

(FOR OFFICIAL USE ONLY)

Action by.....

Date.....

Checked By

Date

Authorized By.....

Date.....

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

EMPLOYER.....

EMPLOYEE NAME.....**PAYROLL NO.**.....

Date.....

PAYROLL DEDUCTIONS FROM MY SALARY/PROCEEDS

- SHARES Kshs.....
- LOANS Kshs.....
- OTHERS Kshs.....
- TOTAL Kshs _____

I agree and authorize you to make deductions from my gross salary/proceeds as checked and indicated above to be remitted to..... Co-operative Society Ltd. to be credited towards my shares and loan account. From time to time the said society may advise you on any other deductions. The society's instructions shall be taken as if given under my hand. These instructions shall remain in force unless altered by me in concurrence with the said society.

Employee Signature.....**Date**.....**I.D No.**.....

EMPLOYER'S SECTION (Acknowledgment of irrevocable Instructions)

Signature.....Date

Designation

OFFICIAL RUBBER STAMP

SOCIETY'S SECTION

Received By: Signature:

Date:

Official Rubber Stamp.....