UNIPHARMA SACCO SOCIETY LTD.
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Delivering Financial Freedom

NON WITHDRAWALABLE DEPOSITS SAVING SCHEME DEDUCTION FORM

EMPLOYER.....

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

Date.....

I request you to make a **DEDUCT FROM MY SALARY**

PAYROLL DEDUCTIONS FROM MY SALARY/PROCEEDS

☐ BOSSA DEPOSITS Kshs.....

☐ PLOT SCHEME Kshs.....

☐ SHARES Kshs.....

☐ OTHERS 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 non-withdrawalable deposits accounts. 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.

Signature.....Date.....I.D No.....

SOCIETY'S SECTION

Received By: ..... Signature: .....

Date: .....

Official Rubber Stamp.....