

KANISA REGULATED NON-WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

All Africa Conference Churches compound, Opp. Safaricom House, Waiyaki Way. P.O. Box 1225, 00606, Westlands, Nairobi, Kenya Tel: 0714-612049 / 0780612049 Email: info@kanisa-sacco.org Website: www.kanisa-sacco.org

VOLUNTARY ASSIGNMENT FORM

То:	The Accountant
	(Organization)
	(To be filled in Duplicate)
TO:	The Chief Executive Officer, Kanisa Regulated Non-WDT SACCO Society, P. O. Box 1225-00606, Nairobi, Kenya.
I, Mr. /	Mrs. / Miss
hereby	authorize and request you to deduct from my salary each pay day the sum of shillings
(in wor	rds) with effect
from	20 to be paid to Kanisa Co-operative Savings and Credit Society Ltd. Th
instruc	tion to terminate will only be done with the knowledge and written approval of the treasurer of the said society.
NAME:	:
P.O Bo	oxTel
Email ((Office)
SIGNA	TURE:DATE:
	FOR SOCIETY'S OFFICIAL USE ONLY
MEMB	ERSHIP NUMBER
DATE	FORWARDED
SIGNA	TURE OF FORWARDING OFFICER
DESIG	NATION