



(FORM NO.2)

DATE:.....

VOLUNTARY CONTRIBUTION FORM

Mr./Mrs./Miss..... Employment No..... authorizes you to deduct from my salary Kshs..... to be credited to Ng'arisha Sacco Society Limited being my subscription with effect from..... until further notice.

I hereby give an understanding that these instructions will only terminate with the knowledge of the said co-operative society for membership/entrance fee vide receipt No..... dated.....

These instructions cancel and supersede my earlier instructions.

SIGNED..... ID. NO.....

PHONE..... SCHOOL.....

DIVISION..... COUNTY.....

FOR OFFICIAL USE ONLY

Received by (Name)..... Sign..... Date.....

Registry officer (Name)..... Sign..... Date.....

Allocated M/no.....

Credit manager (Name)..... Sign..... Date.....

Finance manager (name)..... Sign..... Date.....

C.e.o (Name)..... Sign..... Date.....