STIMA SACCO SOCIETY LIMITED

Front Office Service Activity

P.O. BOX 75629 TEL 3751292/8 NAIROBI

(To be filled in duplicate)

FS12

The Paymaster

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NAIROBI

RE: PAYPOINT PARTICULARS

I.....(Employee name)

Staff No. ..... Department .....

Station ..... ID No. .....

do hereby request you to pay all sums of money due to me in respect of salaries or any money that may become due to me in any other form to my **STIMA FOSA ACCOUNT**

Account No. ☐ – ☐☐ – ☐☐☐☐☐☐☐☐☐☐ – ☐☐

Where the said amount of money paid to me constitutes an overpayment, I hereby give an irrevocable authority to the society to return it to my employer whether or not I am in employment with the organization

I agree that this instruction is irrevocable without the consent of **Stima Sacco Society Limited** and that it supercedes any other request given by me prior to this date.

Dated this ..... Day of ..... 20.....

Member's Signature .....

Name of witness.....

Signature ..... Date .....

CC: Stima Sacco Society Limited (stamped by employee)