

CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD
VOLUNTARY CONTRIBUTION FOR NEW MEMBERS

FILL IN DUPLICATE

TEL: .0202321055/8043504/318262 Ext.28332

EMAIL: chunasacco@uonbi.ac.ke
chunasacco@yahoo.com

DATE:

I, Prof/Dr./Mr./Miss _____ (Block letters)

Payroll number _____ hereby authorize you to deduct
from my salary Kshs _____ being the value of _____ shares
at Kenya Shillings Twenty only (Kshs20/-) per share to be credited to the above named
society.

I hereby give an undertaking that this instruction will only terminate with knowledge and
written approval of the committee of the said co-operative society (Please attach a copy
of your current payslip, identity card, letter of appointment and Kenya Shillings Five
Hundred only (Kshs500/-).

Signature _____ Next of kin _____

Relationship _____

Faculty/Dept/Inst. _____ Address _____

I.D.CARD NO _____

FOR OFFICIAL USE ONLY

Application approved/ Not approved _____

Receipt No _____

Membership No _____

Forwarded to salary Section _____

Date of approval _____