

**CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**

**VARIATION FORM**

I, Prof/Dr./Mr./Mrs./Miss..... (BLOCK LETTERS)

I hereby authorise Chuna Sacco Society to affect the following deductions from my salary:-

CHUNA NUMBER..... PAY ROLL NUMBER.....

DEPT/SECTION .....STATION.....

PRESENT ADDRESS.....

	CHANGE FROM	TO
1. Savings / Deposit Contribution		
2. Share Capital Contribution		
3. Fosa Savings		
4. Chuna Normal Loan		
5. Chuna Emergency Loan		
6. Chuna School Fees Loan		
7. Fosa Advance		

**These instructions supersede my earlier instructions.**

Date: ..... Signature.....

**FOR OFFICIAL USE:**

Processed on ..... by ..... Date .....

Acted on ..... by ..... Date .....

**OTHER BALANCES**

Chuna normal loan balance ..... period .....

Chuna loan balance..... period .....

Chuna loan interest balance ..... period .....

Chuna emergency loan balance..... period .....

Chuna school fees loan balance ..... period .....

Chuna add/loan balance ..... period .....

**FOR COMMITTEE.....**