

P.O. Box 25095 Nairobi 00603 Kenya.

Tel: 606155-2336

## **MZIMA SPRINGS SACCO**

## FORM NO. 3 CHANGES IN SHARE CONTRIBUTION

1.	I hereby authorize the following amount Kshs to be deducted from my salary and remitted to the society every month, with effect from(month and Year)	
2.	FULL NAME:	
3.	STATION/EMPLOYER:	
	Signature of Applicant:	Date:
	Signature of Treasurer:	Date:
<b>NOTE</b> : Deduction shall not be undertaken without the approval of the Society (Signature of the treasurer)		