



CHAI SACCO SOCIETY LIMITED
 Head Office: KTDA Plaza 4th Floor, Moi Avenue
 P.O Box 278-00200, City Square Nairobi Kenya
 Tel: 020 2214406/ 020 2214410/0701314410
 Customer Care: 0709 808100/ 0709 808101
 Email: info@chai-sacco.co.ke
 Website: www.chai-sacco.co.ke

DEDUCTIONS VARIATION FORM

PERSONAL DETAILS

FULL NAME			
PAYROLL NUMBER			
MEMBER NUMBER		BRANCH:	
EMPLOYERS NAME			
ID NO.			
MOBILE NO.			
EMAIL ADDRESS			

Please refer to my application for membership in the Society and make the following variation in deductions with effect from _____ until further notice.

Share Capital Investment

From (Kshs.)	To (Kshs.)

Deposits (Shares) Contribution

From (Kshs.)	To (Kshs.)

Savings Contribution

From (Kshs.)	To (Kshs.)

Chai Angels Contribution

From (Kshs.)	To (Kshs.)

Loan Repayment

Loan Type	From(Kshs/Period)	To(Kshs/Period)	Period
Main Loan			48
Emergency Loan			12
School Fees Loan			12
College Loan			24
Product Loan			12 or 24
Super Loan			60
Golden Loan			60
Vision Loan			72

Signature _____ Date _____