

**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.keWebsite: www.chai-sacco.co.ke

CHANGE OF SALARY PAYPOINT FORM

PERSONAL DETAILS

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

I _____ do hereby advice that all sums of money due to me or which may thereafter become due to me in respect of salaries or allowances be paid through Chai Sacco Society Ltd with effect from _____. This request cancels any other instructions given prior to this date.

I understand that my salary pay point will not be changed from Chai Sacco to another financial institution without official clearance from the Sacco.

Signature _____ Date _____

Verification by FUM/HR Manager/Accountant

Verified by: _____

STATION STAMP

OFFICIAL USE ONLY

Effected by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date _____