

(N/B FILL IN DUPLICATE)

**WASKOM SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD
P.O. BOX 17592 NAIROBI**

SHARES CONTRIBUTION FORM

FULL NAMES

COMPANY

BRANCH

DEPARTMENT

PAYROLL NO.

I confirm that an
amount of **Kshs** is to be deducted from my salary every month
w.e.f until my further advise in writing.

SIGNATURE **DATE**

ID NO.

DATE OF BIRTH

POSTAL ADDRESS

TELEPHONE