



WE ARE ISO 9001:2015 CERTIFIED

THE EMPLOYER INFORMATION

This is to confirm that following (Name of the member).....is employed by (Organization)
.....His/her I.D Number.....since Year.....

Employment terms

Permanent

Fixed contract

Renewable contract

If on contract indicate expiry date

CONFIRMATION BY THE EMPLOYER

The applicant is employed byof (Address).....
and subject to the authority given above by the said employee, I will deduct from his/her benefits all loan
balances due as advised by Kimisitu Co-operative Savings and Credit Society Ltd, from the employee's
terminal benefits

Signed on behalf of employer,

Name.....

Signature & Rubber

Stamp.....

Referred by..... **Staff No**.....