



**KIMISITU**  
SACCO LTD.  
*Your Partner to Prosperity*

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## CHANGE OF SALARY PAYPOINT(IRREVOCABLE INSTRUCTION) FORM

I \_\_\_\_\_ ID:/Passport No: \_\_\_\_\_

Membership No. \_\_\_\_\_ Mobile No: \_\_\_\_\_

Employer.....Duty Station \_\_\_\_\_

Email Address: \_\_\_\_\_

Wish to change my PayPoint to my FOSA account at Kimisitu Sacco Society Ltd Effective from \_\_\_\_\_

I confirm that my salary shall be channeled to Kimisitu Sacco FOSA ACCOUNT and that I will not change the pay point unless advised otherwise by the Sacco.

**Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Approved By (Employer):

Name.....Sign.....Date.....

### Employer Stamp