



SHERIA SACCO SOCIETY LTD

VARIATION FORM

 www.sheriasacco.coop **Email Address:** bosa@sherisacco.coop **Phone:** 020 780 1500

NAME:.....
MNO/PJ/PF:.....
EMPLOYER:.....
MOBILE NO:.....**EMAIL:**.....
ADDRESS:.....

RE:INCREASE/DECREASE OF DEPOSITS/ LOAN DEDUCTIONS

I authorize you to Increase/Decrease my Monthly Deposits/Loan deductions to the Society from
Kshs.....to Kshs.....
with effect from.....

SIGNATURE..... **DATE**.....

FOR OFFICIAL USE ONLY:

ACTION TAKEN BY :-

NAME.....**DESIGNATION**.....**SIGN**.....

W.E.F:.....

Verified By:

NAME:.....**DESIGNATION**.....

SIGNATURE:.....**DATE**.....

Inspire, Equip, Empower.