



**TO THE MANAGER,
ADVENTIST SACCO SOCIETY LTD.**

P.O. BOX 41352 – 00100, NAIROBI. TEL: 0777900074

adventistsacco@yahoo.com

MEMBER’S DEDUCTION ADJUSTMENT SHEET

MEMBER NAME: _____

INSTITUTION: _____

MEMBER NUMBER : _____

I the above mentioned do hereby authorize the Society to be deducting my contributions from my Salary with the following changes with effect from: _____

		(Previous Deduction)		(New Deduction)
Ordinary Savings (Deposits)	From	_____	to	_____
Shares Capital (Shareholder)	From	_____	to	_____
Loan & Interest Repayment.	From	_____	to	_____
Withdrawable Savings (Holiday)	From	_____	to	_____
Kids Savings (Education Accounts)	From	_____	to	_____
Others	From	_____	to	_____

Member’s Signature _____ Date _____

Institution Representative’s Signature _____ Date _____

NB: All Adjustment Sheets Received After 7th of every month will be effected one month later since Deduction Lists are effected as from 15th of every month too.

FOR OFFICIAL USE ONLY.

Receiving Officer: _____ Date _____

Certified to be Effected By: _____ Date _____

Date / Month Effected: _____