



## ADVENTIST SACCO SOCIETY LTD.

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

adventistsacco@yahoo.com

### “SUNSET ACCOUNT”

MEMBER NAME: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

SUNSET ACCOUNT DEDUCTION Kshs. \_\_\_\_\_

WITH EFFECT FROM: \_\_\_\_\_

By my signature hereunder, I hereby request and irrevocably authorize my employer above stated to deduct monthly from my salary the above deductions towards the newly created sunset account together with any other deductions as advised by the society.

I agree to be bound by the co-operative societies Act, Rules, By-laws, Loaning policy and any conditions of the society.

I further commit to pay regularly and consistently as detailed above except by a change endorsed by me and accepted by the society.

APPLICANT'S SIGNATURE . \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Month Effected: \_\_\_\_\_ by: \_\_\_\_\_