

Jamii Bora Bank Towers,  
Argwings Kodhek Rd, Kilimani,  
P.O Box 22741-00400, Nairobi  
Tel: 0709 881 091 | 0709 881 300  
E-mail: info@jamborasacco.co.ke



Membership No.

APPLICATION NO:

**JAMBORA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD**  
**(CONFIDENTIAL)**

**DEDUCTION AUTHORIZATION FORM**

To: \_\_\_\_\_  
(Employer)

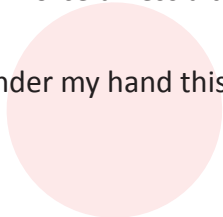
Address:

DATE:

**DEDUCTIONS FROM MY SALARY/PROCEEDS**

I ..... ID No ..... Payroll  
No..... of P.O. Box ..... Hereby authorize you to make deductions from my  
salary/proceeds of Kshs ..... to be remitted to Jambora Co-operative Society Limited to  
be credited towards my shares account. From time to time the said society may advise you on any other  
deductions. The Society's instructions shall be taken as if given under my hand. These instructions shall  
remain in force unless altered by me in concurrence with the said society.

Given under my hand this ..... day of .....,20 .....



\_\_\_\_\_  
NAME I.D. NO. SIGNATURE

CC: CHAIRMAN,  
JAMBORA CO-OPERATIVE SOCIETY LIMITED,  
Jamii Bora Bank Towers,  
Argwings Kodhek Rd, Kilimani,  
P.O Box 22741-00400, Nairobi