



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

PAYMENT OF FOSA SALARY FORM

REF NO. UCSCS/F/FOSA/018

Applicant's Name _____

P/No. _____

Employer _____

Email address _____

Telephone No. _____

Hereby request you to channel my salary with effect from _____

through my FOSA account No. _____.

This instruction supercedes any other I had issued in regards to the same and remains in force until I advise otherwise.

Signature _____ ID NO. _____

Date _____

NB: Salary code is 99092.