

Oxford SACCO Limited

PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

ADJUSTMENT AUTHORIZATION FORM

(MUST be completed in BLOCK LETTERS)

PERSONAL DETAILS

Surname		Other Names	
Membership No.		ID/Passport No.	
Mobile No.		Payroll No.	

Note: Tick where applicable.

Please Increase/Reduce: Deposit Contribution Loan Deduction from my salary in favour of Oxford Savings and Credit Co-operative Society (Oxford SACCO)

from KES to KES with effect from

May this circular serve as authority to the management of Oxford University Press to deduct the above mentioned amount from my salary every month, and pay the same to Oxford Savings and Credit Co-operative and advise me accordingly.

Applicant's Signature: _____ (initials not acceptable)

Date: ____/____/____

SACCO OFFICIAL

Authorized by the Treasurer:

Name: _____

Signature: _____

Date: ____/____/____

PAYROLL CLEARANCE

Does the net salary of the above applicant fall below one-third of gross pay?

YES

NO

Name: _____

Signature: _____

Date: ____/____/____