

Oxford SACCO Limited

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

WITHDRAWABLE SCHEME MEMBERSHIP FORM

(MUST be completed in BLOCK LETTERS)

PERSONAL DETAILS

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

Please deduct monthly contribution of **KES** from my salary in favour of Oxford Savings and Credit Co-operative Society (Oxford SACCO)

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 advice me accordingly.

TERMS & CONDITIONS

- (a) Members would be saving an amount of money every month, and this would only be accessible twice a year in June and or December.
- (b) The minimum amount to be saved will be **KES 500/-** per month.
- (c) Members will neither be allowed to borrow from this account nor use the scheme to guarantee loans.
- (d) The above stated amount shall be contributed to the scheme through a check-off system from members' salary.
- (e) This scheme will attract withdrawal fees.
- (f) A member can transfer his/her savings from the scheme to Sacco deposits and use it for borrowing.

DECLARATION

I have read and agreed to the above mentioned terms of joining this scheme.

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: ____/____/____