



MEMBER SAVINGS ADJUSTMENT FORM

Name.:	Date of Membership:
Organisation.:	Member No.:
Contact No.:	Member Address:

MEMBER SAVINGS ADJUSTMENT

Note that minimum contribution is K100.00

Current Contribution: _____

Contribution adjusted to: _____

Effective Month: _____

Name: _____

Signature: _____

Date: _____

OFFICIAL USE ONLY:

New Monthly Deductions

Savings _____

Loan _____

Total Deductions _____

Name: _____

Signature: _____

Date: _____