ASILI SACCO SOCIETY LTD

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Tel 0202630244/0202699305/0722472823/0733472823

SALARY PROCESSING FORM

To Salary Section of (state the Employer).....

I.....of EST No:.....

From Department.....and ID NO.....

do hereby instruct that my monthly Salary be passed through the below stated bank account with effect from ...../...../20.....

In case of any clarification/query kindly contact Asili Sacco

Account Number	**9**	**0**	**0**	**0**											
Bank	**Co-operative Bank of Kenya**														
Branch	**Co-op House Branch**														
Bank and Branch Code	**11002**														

Signature: ..... Date:...../...../20.....

Tel no:..... Email address.....

Instructions

1. The Form MUST be filled in duplicate
2. One copy deliver to your employer and another copy to Asili Sacco
3. Confirm with Asili Sacco your account number in case you are not sure