



ASILI SACCO SOCIETY LTD
P.O BOX 49064 – 00100 NAIROBI
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Website: www. asilisacco.coop
TEL 0723472823/0733472823

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 Asili Sacco Ltd account with effect from/...../20.....

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 delivered to your employer and another copy to Asili Sacco
3. The Sacco will fill in your account details.