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## **HARAMBEE FOSA ACCOUNTS**

## **SALARY AGREEMENT FORM** (To be filled in triplicate)

Ι				
ID No		Payroll No		
Department		Ministry	Ministry	
P.O Box		Telephone		
I do hereby ur	ndertake to be paid my	monthly salary through	Harambee Sacco Society	
FOSA Account No with effect from				
	ke not to change or sto Sacco Society FOSA acc		aying my salary without the knowledge and or approval	
Signed		Date		
witnessed	1. Name		P/No	
	Ministry		P/No	
	Signed		Date	
	2. Name		P/No	
	Ministry		P/No	
	Signed		Date	
APPROVED BY	PY OF YOUR ID/CARD ' HARAMBEE SACCO SC			
	FICIAL USE ON			
NAME				
TITLE				
SIGNATURE _				
DATE				

(The salary should be remitted to Harambee Sacco Society through code 8KA 99093)