GLOHA SACCO PO BOX 8074-00200 NAIROBI, Email: info@gloha-sacco.co.ke website: gloha-sacco.co.ke Contact: 0726228004, 0720578278.

CHRISTMAS SAVINGS FORM

1. Name:…… P/No:…… Members No:……
2. Department…… ID No……
3. Employer and Address:……..
4. Phone No:. ……..
5. I hereby authorize you to deduct from my salary Kshs.....As my monthly Christmas savings contribution. (Minimum contribution is **Kshs.500/=** per month)
   Effective from……..

   I certify that the information given here is correct to the best of my knowledge.

6. Applicant's signature…… Date:……