

CHAI SACCO SOCIETY LIMITED

Head Office: Chai House, Ground floor, Koinange Street P.O Box 278-00200, City Square Nairobi Kenya Customer Care: 0709 808100/ 0709 808101

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DEDUCTIONS VARIATION FORM

PERSONAL DETAILS **FULL NAME** PAYROLL NUMBER BRANCH: MEMBER NUMBER **EMPLOYERS NAME** ID NO. MOBILE NO. **EMAIL ADDRESS** Please refer to my application for membership in the Society and make the following variation in deductions with effect from until further notice. **Share Capital Investment** From (Kshs.) To (Kshs.) **Deposits (Shares) Contribution** From (Kshs.) To (Kshs.) **Savings Contribution** From (Kshs.) To (Kshs.) Chai Angels Contribution From (Kshs.) To (Kshs.) Loan Repayment

Loan Type	From(Kshs/Period)	To(Kshs/Period)	Period
Main Loan			48
Emergency Loan			12
School Fees Loan			12
College Loan			24
Product Loan			12 or 24
Super Loan			60
Golden Loan			60
Vision Loan			72

Version B Revision 01

Signature	Date

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