



SULUHU SACCO
"Together we grow"

SULUHU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

SULUHU SACCO PLAZA
Kyuso road, Opp. IEBC Offices, Mwingi Town
P.O.Box 489-90400, Mwingi

0794 056 489
info@suluhusaccoltd.com
www.suluhusaccoltd.com

SULUHU JIPANGE RETIREMENT SCHEME APPLICATION FORM

NAME.....

DATE OF BIRTH.....

OCCUPATION.....

SCHOOL/ STATION OF WORK.....

TSC/ PERSONAL NUMBER.....

PRESENT ADDRESS: P.O BOX.....CODE.....TOWN.....

PHYSICAL ADDRESS:

Sub- location c) Sub county.....

Location..... d) County.....

EMAIL ADDRESS

PHONE NUMBER..... OR

DECLARATION BY MEMBER

I Mr./ Mrs./ Miss..... do hereby authorize and request

SULUHU SACCO SOCIETY LTD to deduct Ksh. from my **PAY EACH MONTH**
until further notice with effect from the month of Year.....

FOR OFFICIAL USE

ACCOUNT opened by.....Signature.....Date.....

Authorised by.....Signature.....Date.....