



FORM B 2

TO

..... (EMPLOYER)

.....

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.....

**IRREVOCABLE INSTRUCTION FOR LOAN REPAYMENT
(TO BE FILLED IN DUPLICATE)**

**TO LEAVE BLANK THE SPACE FOR AMOUNT PAYABLE AS THE SAME WILL BE
DETERMINED BY THE MANAGEMENT COMMITTEE**

I, MR / MRS / Miss..... STAFF NO

AIC NO..... BRANCH HERE BY AUTHORISE AND

REQUEST YOU TO DEDUCT FROM MY SALARY EACH PAY-DAY THE SUM OF SHILLINGS

.....

(SHS CTS) WITH EFFECT FROM

TO BE PAID TO THE CO-OPERATIVE BANK OF KENYA, CO-OPERATIVE HOUSE BRANCH, NAIROBI.

FOR THE ACCOUNT OF THE KENYA BANKERS A/C NO. 011-2000-564000.

THIS INSTRUCTION TO TERMINATE OR BE AMENDED ONLY WITH KNOWLEDGE AND WRITTEN APPROVAL OF
CHAIRMAN/SECRETARY OF THE KENYA BANKERS.

SIGNATURE

DATE.....

MEMBER NUMBER

C:C THE CHAIRMAN
KENYA BANKERS SACCO SOCIETY LTD.
P.O BOX 73236-00200
NAIROBI

FORWARDED ON

SIGNATURE

DESIGNATION