



CHANGE OF SALARY PAY-POINT (NON-KAA)

Member Details

Title (Mr., Mrs., Miss,)			
Surname			
Other Names			
National ID Number		KRA PIN Number	
Date of birth		Mobile Number	
Personal Email			

Employment Details

Employer	
Designation	
Work Station	

I _____ do hereby advice that all sums of money due to me or which may thereafter become due to me in respect of salaries or allowances be paid through Airports Sacco Society Ltd with effect from _____. This request cancels any other instructions given prior to this date.

I understand that my salary pay point will not be changed from Airports Sacco to another financial institution without official clearance from the Sacco.

Signature _____ Date _____

Verification by Payroll Manager/HR/Accountant.

Verified by: _____

OFFICIAL USE ONLY

Effected by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date _____

Note:
Kindly attach copy of your National Identity