



# EGERTON UNIVERSITY SACCO SOCIETY LIMITED

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 Website: www.egertonuniversitysacco.coop

## VARIATION FORM

Please tick(✓) one FOSA Savings  BOSA Deposits

### PART 1. PERSONAL DETAILS

Salutation	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
First Name:	Middle Name:		Last Name:			
ID No.:	Passport No.:					
Organization/Institution/Business:	County:					
Payroll No.:	Membership No.:		FOSA No.:			
Present Address:	Mobile:		Email Address:			

### PART2. VARIATION DETAILS

I hereby authorize you to change my BOSA Deposits/FOSA SAVINGS from Kshs. ....to Kshs..... and credit to EGERTON UNIVERSITY SACCO SOCIETY LIMITED with effect from .....until further notice.

Signature..... Date.....

### PART 3. FOR OFFICIAL USE ONLY

MONTHLY SAVINGS/DEPOSITS charged from Kshs.....  
 To.....w.e. f.....

ACTION TAKEN BY:.....

Signature..... Date.....