



FINNLEMM SACCO SOCIETY

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Email:customer.care@finnlemm.com

To: [Employer]

VARIATION OF CONTRIBUTIONS

Please effect the following adjustments on my monthly contributions to the society.

I understand that the acknowledgement for this transaction will appear on my pay slip from the Month of

1. DEPOSITS: From Kshs.....to Kshs.....

2. LOAN REPAYMENT: From Kshs.....to Kshs.....

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

FULLNAMES.....

ORGANIZATION.....

I/D NO.....

MEMBERSHIP NO.....

TEL. NO.....

ADDRESS.....

FOR OFFICIAL USE ONLY

Approved by the Credit Committee

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

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

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