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SHARES VARIATION FORM

I _____

TSC/PFNo. _____ MNo. _____

Institution/School: _____

Postal address: _____ Code: _____

Email: _____ County: _____

Request you to INCREASE/DECREASE my monthly shares contribution from kshs _____ to kshs _____

Per month with effect from _____ 20 _____ until further notice.

Member's Signature: _____ Date: _____ DD/MM/YYYY

- NOTE:**
- For the variation to be effected in the succeeding month, this Variation Form must reach us on or not later than 10th of the current month.
 - The minimum shares contribution is Kshs.1, 000.00 per month.

*** FOR OFFICIAL USE ONLY**

Action by: _____ Date: _____ DD/MM/YYYY

Checked by: _____ Date: _____ DD/MM/YYYY

Authorized by: _____ Date: _____ DD/MM/YYYY