



HEART REGULATED NON-WDT SACCO SOCIETY

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CHANGE OF DEDUCTION FORM.

To,
The Chairman,
Heart Sacco Ltd.
P. O. Box, 70000 (00400).
Nairobi.

Dear Sir,

I hereby wish to change my deductions towards my SHARES/ LOAN. The details of the same are shown below.

Member Names: _____

Department: _____

Member Reg No: _____ Date of Application: ____ / ____ / ____

Purpose for Change: _____

Old Deduction: Kshs: _____ (In Words) _____

_____ only.

New Deductions Kshs: _____ (In Words) _____

_____ only.

Effective DATE/ MONTH of Change: Date: _____ Month: _____ Year: 202____.

Members Signature: _____ Date: _____

FOR OFFICIAL USE:

Approved by: _____ Signature: _____

Sacco Manager.

Date: _____