



.....BRANCH

**VOLUNTARY MEMBER CONTRIBUTIONS
MONTHLY CHECK-OFF SYSTEM**

APPLICANT’S AUTHORITY TO DEDUCT NSSF CONTRIBUTIONS

I hereby authorize _____ to deduct the monthly/yearly contribution of Kshs _____ from my monthly pay/annual bonus and remit to my NSSF Member A/C No _____ on/or before 10th day of every month. This shall be done until advised otherwise by me.

NAME: _____

N.S.S.F. NUMBER _____ ID/CARD NO. _____

P. O. BOX _____ PHONE _____

LOCATION/RESIDENCE _____

DECLARATION:

This is a binding agreement between myself, organized group/Sacco and NSSF, that governs my membership and contributions on the NSSF terms and conditions applicable in qualifying for the specific benefits when due.

Signature _____ Date _____

Organized group/Sacco official.....

Date/Stamp.....

*To be completed in triplicate.