



FORM H.8
REVISED

**HARAMBEE CO-OPERATIVE SAVINGS AND CREDIT SOCIETY
LIMITED**

P.O. Box 47815 – 00100, NAIROBI

The Credit Control Manager,
P.O. Box 47815 – 00100,
Nairobi.

VARIATION OF MONTHLY CONTRIBUTIONS / LOAN REPAYMENT

Please effect the following adjustments on my contributions / loan repayment to the Society. I understand that the acknowledgement for this transaction will appear on my pay-slip for the month of

1. SHARES: From Kshs. To Kshs.
2. LOAN REPAYMENT: From Kshs. To Kshs.
3. OTHER(s) *Specify below*:
..... From Kshs. To Kshs.

Yours faithfully,

Date Signature

NAME IN FULL

PERSONAL NUMBER

MEMBERSHIP NUMBER Others

MINISTRY / DEPARTMENT

ADDRESS (Official)

- Note:**
1. Attach a copy of your current pay-slip
 2. For your request to be met, your current Personal Number **MUST** be appearing on your current Ministry's Computers pay-roll.