



**STANDING ORDER  
REQUEST FORM**

**Nairobi:**

Ukulima Co-op House; P.O. Box 44071 - 00100 Nrb; Tel: +254-20-2785000, Cell: 0720-179991, 0721-611161

**Mombasa:**

Bahman Trust Bldg,  
Mikindani Street,  
P.O. Box 86051-80100 Msa,  
Tel: 020-2785250,  
041-2616972, 041-2312444.

**Kisumu:**

United Mall,  
Ground Flr, Wing A,  
P.O. Box 1378-40100 Ksm  
Tel: 020-2785400,  
057-2020169

**Eldoret:**

Sirikwa Hotel Bldg,  
P.O. Box 6703-30100 Eld,  
Tel: 020-2785200,  
053-2032346

**Embu:**

Eastern Emporium Bldg,  
Kenyatta Avenue,  
P.O. Box 992- 60100 Embu.  
Tel: 020-2785300

**Nakuru:**

KFA Building,  
Geoffrey Kamau Way,  
Tel 020-2785350

**Kakamega:**

AFC Building, Kisumu Rd,  
Opp. Huduma Centre

**Kisii:**

Mocha Place,  
Kisii-Ksm Highway,  
Tel: 020-2785450

**Meru:**

Green wood city mall,  
Mwendatu Road.  
Tel: 020 27858700

UCSCS/F/DATA/010

a) Full Names:.....

ID No: .....

Email Address: .....

Mobile No: .....

b) I hereby authorize your office to deduct from my **(FOSA)** savings Account to my **(BOSA)** Accounts as follows:-

- 1. Shares                      Kshs .....
- 2. Benevolent Fund **(Mandatory)**. **Ksh400/=**
- 3. Loans Repayments      Kshs .....
- 4. Interest                      Kshs .....

With effect from the month of .....Year.....

c) Kindly fill the following information **(Tick appropriately)**

- 1. Have you retired from service? **Yes ( ) No ( )**
- 2. Does your salary/pension pass through your **(FOSA)** savings Account? **Yes ( ) No ( )**
- 3. What is the purpose of this standing order form? **(Tick appropriate action to be taken)**
  - a). Change of pay point                      ( ).
  - b). Additional deduction to boast payslip deductions                      ( ).
  - c). New member deductions                      ( ).

Signature:..... Date:.....