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**PAYMENT OF FOSA SALARY FORM**

Applicant's Name \_\_\_\_\_

P/No. \_\_\_\_\_

Employer \_\_\_\_\_

Email address \_\_\_\_\_

Telephone No \_\_\_\_\_

Hereby request you to channel my salary with effect from \_\_\_\_\_

through my FOSA account No. \_\_\_\_\_.

This instruction supercedes any other I had issued in regards to the same and remains in force until I advise otherwise.

Signature \_\_\_\_\_ ID NO. \_\_\_\_\_

Date \_\_\_\_\_

**NB: Salary code is 99092.**