

**WASA SAVINGS & CREDIT COOP.SOCIETY LIMITED
SOCIAL WELFARE
P.O BOX 285 - 30205
MATUNDA
DATE**

WASA SOCIAL WELFARE

SOCIAL WELFARE MEMBERSHIP SUBSCRIPTION FORM

I.....P/NO.....do hereby
authorizes IPPD/TREASURY to deduct and remit monthly shares of KSHS. 200 to
WASA SOCIAL WELFARE with effect from
.....month of.....year.....

WASA SACCO BANK DETAILS:

BANK: COOPERATIVE BANK

BRANCH: ELDORET WEST

ACCOUNT NO. 01134686071800

PAYMENT CODE NO.:22433

IFMIS NO.:850533

SIGN.....DATE.....