

Metropolitan National Sacco Ltd. Helping Kenyans Save and Develop since 1977 REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P.O. Box 5684-00100 Nairobi Tel: (020) 8007509/201139 Cell: 0736 086295/0715 680269 Email: info@metrosacco.co.ke, Website: www.metrosacco.co.ke

STANDING ORDER INSTRUCTIONS

Account Number:	Mem	ber Number:	
Name:			
I/ We instruct monthly/weekly ded	ductions of amounts stip	pulated herein from my	/ our savings account
with effect from			
LOAN/DEPOSIT	AMOUNT	INETEREST/RISK	SUB TOTAL
Normal loan			
Emergency loan			
Premium loan			
Member Deposits			
Others			
Grand Total			
Authorised signatory:			
Name Signature			
Jame Signature			
Name Signature			
OFFICIAL USE ONLY			
Data captured by:	Ve	rified by:	
Signature:	Sig	nature:	
Date:	Dat	e:	