



STANDING ORDER REQUEST FORM

RECEIVED STAMP

DATE _____

Please effect the instructions below on my/our behalf New { } Amend { } Cancel { }

CUSTOMERS DETAILS

Account Name _____ Account No. _____

Address: _____ Code: _____ Town: _____ Phone No _____

Email Address _____

RECIPIENT/BENEFICIARIES DETAILS:

Beneficiary Name _____ Account No _____

Sacco Name _____ Branch Name _____

STANDING INSTRUCTION:

Pay amount in figures: _____ in words _____

Every (date) _____

Frequency Monthly { } Quarterly { } Yearly { } Weekly { } other (specify) _____

From my account to beneficiaries account indicated above starting date _____

and End on date: _____ being payment of _____

Reference: (Shares A/c { }, Kwetu Shares { }, Loan A/c { } etc):

For amendments indicate details to be amended in the box below

Terms and conditions of standing order:

- ✓ The Sacco does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
- ✓ The customer shall ensure that there are sufficient funds in the account before the due date to enable the Sacco effect these instructions.
- ✓ The Sacco hereby reserves the right to cancel this standing instruction without notice to the customer if the standing instruction has failed and payments could not be made for three consecutive times due to lack of funds, the account being blocked and/or account being dormant or an other reason(s) which is/are due to the acts and/or omissions of the customer. The Sacco shall not be liable for such cancellations, failure to execute or insufficient execution of the instructions or any direct and /or indirect consequences that may arise from the same.

Authorized Signatories:

By signing this standing order request from, I /We hereby acknowledge that I /We have read, understood and agree to be bound by the terms mentioned herein and I/We in agreement to the same and confirm that the information supplied in this form is correct to the best of my/our knowledge. I/We accept full responsibility for all such instructions and for ensuring the accuracy and completeness of the instructions.

Name _____ ID Number _____ Sign _____

Name _____ ID Number _____ Sign _____

Name _____ ID Number _____ Sign _____

SACCO USE ONLY:

To be completed by the indicating user ID. Official signature and number as appropriate.

Branch stamp

Received by: _____ SI details verified by: _____ confirmed by: _____

HO Maintaining call back needed? { } NO { } YES talked to: _____ Tel. No. _____