



P.O. Box 75629 - 00200 City Square Nairobi. Stima Sacco Plaza, Mushembi Road, Parklands. Tel: 0703 024 000

[Email: customercare@stima-sacco.com](mailto:customercare@stima-sacco.com)

LUMPSUM / PENSION PAYPOINT

The CEO & Trust Secretary

.....

.....

Dear Sir/ Madam

RE: PAYPOINT PARTICULARS

I.....(Pensioner/Beneficiary)

Staff No.Sacco Member No.

ID No.

do hereby request you to pay all sums of money due to me in respect of Lumpsum/Pension or any money that may become due to me in any other form to my **Stima Sacco Account:**

Account No:

9	2	8	0	1
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0	0
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Bank: Co-operative Bank of Kenya

Bank Code: 11035

I agree that this instruction is irrevocable without **MY CONSENT** and that it supersedes any other request given by me prior to this date.

Dated thisDay of20

Signature