

# FOSA INTERNAL STANDING ORDER CANCELLATION / AMENDMENT

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

Date:

## APPLICANT DETAILS

Applicant's Name:

ID No  Passport No  Mobile No:

Employer:  Department:

Please Transfer [KShs]:   
Amount in Words

Amount in Figures:

## FROM

Account Name:

Account No:  Member / Staff No:

## TO

Account Name:

Account No:

Bank:

Branch:  Code:

## SIGNATURE(S)

Signature

Date

## FOR OFFICIAL USE ONLY

Account Balance:  Date:

Standing Order No:  Date:

First Remittance Due On:

Processed:     
Name Signature Date

Approved:     
Name Signature Date