



**SAVINGS AND CREDIT COOPERATIVE SOCIETY  
(MUCST SACCO)**

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**SACCO MONTHLY SUBSCRIPTION FORM**

Name.....

PF NO.....

Please receive/deduct Ksh.....from my salary as my monthly CHILD BASED  
PRODUCT contribution to the SACCO with effect from

.....until further notice.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Subscription Effected/Not effected:

.....  
MUCST FINANCE OFFICER

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