



TELEPOST SACCO SOCIETY LIMITED

P.O BOX 49557-00100

TEL. 0205029200

WhatsApp 0794582588

EDUCATION SAVINGS SCHEME ENROLLMENT FORM

I hereby make an application for membership to join the **Education Savings Scheme** and undertake to abide by the relevant rules and regulations and any amendments thereto.

NAME IN FULL: **PFNO:**

DUTY STATION: **PHONE NUMBER:**

I therefore authorize you to deduct Kshs..... (in words)

.....from my monthly salary and pay to Telepost Sacco Limited

with effect from the month of..... until further notice in favors of the education

Savings Scheme.

ID No.:

Signature:

REFERRED BY: **ID NO:**