



Section A - Scheme Member Section

You are requested to forward an original signed copy of this form to your Salaries Department Officer for approval.	
Signed: Date:	
I also hereby authorise that the said amount be deducted from my monthly salary.	
from	
KShsas an additional contribution with effect	
M/No hereby request that my monthly contribution to the Scheme be increased by an amount c	of
I,	

Section B - Salaries Department Officer Section

 Approved:
 Date:

 Kindly forward a signed and approved copy of this form to Zamara Actuaries, Administrators & Consultants Limited.