FORM 02

THE SECRETARY/CHAIRMAN
HACO SAVINGS & CREDIT CO-OPERATIVE SOCIETY
P.O. BOX 43903
NAIROBI

| RE: APPLICATION FOR INCREASE/REDUCTION OF SHARES | |
|--|---------------------------------|
| I Mr/Mrs/Miss | Personnel No |
| would like to Increase/Reduce my savings from shares | |
| toshares of Kshs.20.00 each. | That is from Kshs |
| to Kshs This is also to | authorize deduction of the same |
| from my salary from the month of | until further |
| notice. | |
| Signature of applicant | Date |
| FOR OFFICIAL USE ONLY | |
| Application approved/not approved | |
| Chairman | Date |
| Secretary | Date |

Please note that reduction of shares is restricted to not more than 50% of current monthly share contribution.