

P.O BOX 2073 TEL (057)2024767 +254799-946-225 KISUMU-KENYA Email Address: kitesacco@gmail.com

## **REFUND REQUEST FORM**

## A. PERSONAL INFORMATION

Name of Applicant_		TSC NO					
	ID NO						
mployer: Current Mobile No:							
Amount of refund re Reason for Request_ <b>NB: APPLICANTS ARE</b>	Interest  Any Other Refur  sted: equested  E REQUIRED TO ATTACH F	PHOTOCOPIES OF ID, S	LIP & ANY OTHER				
	Applicant Signature: Date:						
·	SED SHARE REFUNDS O		Mno:				
	Next of Kin / Beneficiary:						
Relationship:	Next of Kin ID:						
Next of Kin current Mobile No:							
Principal Refunded: Interest Refunded: _ Share Deposit Refun Others:	al USE ONLY  nded: mation:						
Worked By: Appraised By:	Si	gn:	Date: Date:				
Approved By:	Çi	σn·	Date:				

## **REFUND CALCULATOR**

LOAN	AMOUNT	AMNT	AMNT TO	NO. OF	TOTAL
TYPE	DEDUCTED	EXPECTED	REFUND	MONTHS	REFUND
NORMAL					
LOAN					
EMERGENCY					
LOAN					
SCHOOL					
FEE LOAN					
NORMAL					
BIASHARA					
DECCHE					
RESCUE					
JIINUE					
SHARE					
REFUND					
STRAY					
MEMBERS					

PREPARED BY:	
	•••••
IGN:	