



P.O. BOX 44071 – 00100, NAIROBI, TEL: 227710/13, 2785000,

CELL NO: 0720179991, 0735-886565

MEMBERS' CLAIM/QUERY FORM

Member's Name..... Date.....
 Ministry P/No.....
 Address Email address.....
 Office Telephone..... Cell No.....

PART I: THE NATURE OF YOUR CLAIM

(Please tick the Appropriate Box: (Attach Relevant Pay slip)

- a) Share deducted Double () or erroneously () Benevolent Fund ()
- b) Loan recovered Double/Erroneous in the year..... Month.....
- c) 1st loan () Interest (), 2nd loan () Interest (), 3rd loan () Interest ()
- d) Unpaid Dividends for the year(s).....
- e) Inaccurate share () or loans respectively () 2nd loan () 3rd loan ()
- f) Stoppage of shares () loan () deductions ()
- g) Recoveries from non-member ()
- h) Non-recovery of loan granted Kshs.....Date granted
- i) Deductions on behalf of a Defaulter (),Defaulters Name.....P/no.
Department.....
- j) Any other complaint.....

PART II ACTION REQUIRED

- a) Pay me () through FOSA A/C no.....Branch.....
- b) Credit to main share ()
- c) Credit to my Benevolent Fund Account ()
- d) Use the above to reduce my 1st (), 2nd () 3rd () loan
- e) Adjust my shares () loan balance () correctly
- f) Reinstate shares () loan () deductions
- g) Transfer to my employer () or Society's name.....
- h) Recover non-performing loan () Kshs..... as from..... i)
Any other action.....

Member's signature:

PART III THE BRANCH OFFICIAL'S ENDORSEMENT

Name.....Date.....
 Position.....Sign.....