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ERRONEOUS REFUND/DIVIDEND CLAIM FORM

UCSCS/F/FIN/001

Member's Name.....P/No.....

Employer National ID No.....

Mobile No.....Email address.....

Postal Address Code.....

PART I: THE NATURE OF YOUR CLAIM

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

Loan : Month..... Year.....

Interest : Month..... Year.....

Deposits : Month..... Year.....

Benevolent Fund : Month..... Year.....

Unpaid Dividends Year(s).....

Others (Specify).....

PART II ACTION REQUIRED

- a) Pay me ()
- b) Reduce Loan ()
- c) Credit to Deposits ()
- d) Credit to Share Capital ()

Member's signature:Date.....

NB: All payments shall be done through FOSA Accounts