

Ulinzi House, Lenana Road.
 P.O. BOX 40668 -00100,
 Nairobi, Kenya
 Customer care Tel: 0205134900
 ☎ 0793 281989 FOSA Tel: 0205134911
 Email:contactus@defencesacco.com
PAYBILL: 907116



MEMBER CLAIM FORM

The Chief Executive Officer
 Defence Sacco Ltd.
 P.O. Box 40668-00100,
 NAIROBI

INSTRUCTIONS:

1. Please complete the Form in Block letters.

1. APPLICANT'S PERSONAL INFORMATION

Name in Full: _____ M/NO: _____
 Service Number: _____ ID/NO: _____
 Service/Fmn/Unit: _____ Email: _____ Mobile NO: _____

2. RE: CLAIM FOR REFUND

I wish to make this claim as indicated below for your
 Refund: -

- a) Erroneous Deductions /Balance on Loan: _____
- b) Erroneous Deductions after Withdrawal: _____
- c) Claim for Dividends: _____
- d) Cheque Replacement (Attach old Cheque): _____
- Any other reason (Describe): _____

3. PAYMENT

(Please tick as appropriate)

- (i) To MPESA:-Below 150,000(Charges 90/=) No: _____
- (ii) EFT: Two working days from co-op to other banks (72/=)
- (iii) RTGS: -Same day from co-op to other banks (600/=)
- (iv) IFT-(To A/c with Co-op Bank): Same day (72/=)

NB: If you choose (ii), (iii) or (iv) indicate bank details below

Name of Bank: _____ Branch: _____

A/c Name: _____ A/C No: _____

DECLARATION

I hereby agree to abide by the By -laws and /or any other amendments thereof in the Defence Sacco. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society's By-laws and the Laws of Kenya.

Member's Signature: _____ Date: _____

4. FOR OFFICIAL USE ONLY

Received by: Svc No:_____ Rank:_____ Name:_____ Sign:_____ Date:_____

Checked by: Svc No:_____ Rank:_____ Name:_____ Sign:_____ Date: _____

Approved by: Svc No:_____ Rank:_____ Name:_____ Sign:_____ Date: _____