fortitudesacco
WE LISTEN, WE CARE

P.O. BOX 237 MBITA
Tel. No: 0717199744
E.Mail: info@fortitudesacco.co.ke
Website: www.fortitudesacco.co.ke

Our Ref..... Date:.....

Your Ref.....

BOSA ERRONEOUS DEDUCTION CLAIM FORM

I request for refund of erroneous deductions for the month of..... of Ksh ..... as per attached copy of pay slip.

Name……TSC.No/PF.No…….…….MNo…….

Station……P.o.Box……..

Mobile No……Signature……..Date……

OFFICIAL USE ONLY

AMOUNT TO BE REFUNDED

Loan Ksh……..Interest Kshs…….Total Kshs……..

Deposits/Shares Kshs…… Total Kshs……..

Benevolent Ksh……. Total Kshs……..

Total Claim Kshs…….

Remark:…….

Prepared by LOANS OFFICER

Name……..Signature……Date……..

Verified by ACCOUNTANT

Name……..Signature……Date……..

Approved by **CEO**

Name……..Signature……Date……..