

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.....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**.....

#### **Prepared by LOANS OFFICER**

Name.....Signature.....Date.....

#### **Verified by ACCOUNTANT**

Name.....Signature.....Date.....

#### **Approved by CEO**

Name.....Signature.....Date.....