

**OVERDRAFT REQUEST FORM**



**WASHA SACCO LTD**

Ralli House, 3rd Floor, P.O. Box 83256-80100, Mombasa  
Tel: 0797 690900 Email: info@washasacco.co.ke

Date:.....

The C.E.O.

Washa Sacco Ltd.,

P.O. Box 83256-80100

**MOMBASA.**

Dear Sir,

**RE: OVERDRAFT REQUEST**

I ..... do hereby request for an overdraft of  
Kshs.....Amount in words.....

The total amount to be recovered from my.....Monthly Salary

I understand and accept that the society will recover 20% of this amount as their  
commission thereby giving me the balance.

Name:..... Signature:.....

Member No.:..... Fosa Account No.....

Tel:.....

**FOR OFFICIAL USE ONLY**

**Comments:**

**FOSA Accountant**

Recommended/Not

Recommended.....

Signature:.....Date:.....

**IMPORTANT NOTICE** All Overdrafts given must be repaid within 30 days from  
dates of disbursement failure of which additional charge of 20% shall be charged  
on balance.

***"Serving you better"***