

ADVANCE 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 Manager,
Washa Sacco Ltd,
P.O. Box 83256-80100,
MOMBASA.

Dear Sir,

RE: ADVANCE REQUEST

Ido hereby request for an advance of
Kshs.Amount in words.....

The total amount to be recovered from myMonthly Salary

I understand and accept that the society will recover Kshs.200 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 Advances given must be repaid within 30 days
from dates of Disbursement.

"Serving you better"