SETYON SACCO
P.O BOX 1314-20200 KERICHO
info@setyonsacco.co.ke
Tel: 0723656494

MEMBER NO.

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BOSA REVIEW FORM

A. PERSONAL INFORMATION

Name……Sign……

PR/Number……ID NO……. Gender (Tick) F ☐ M ☐

Phone Number ……Employer……Date……

B. DEDUCTIONS REVIEW

I wish to review my deductions as follows;

(Tick) Deposit (min300/=) ☐ Shares (min 200/=) ☐ in Ksh

Deposits in (figures) **from** ……**to** ……

Amount in words……...

……....

Shares **from** (figures) ……**to** ……

Amount in words……...

……....

C.START DATE

Effective …… Day …… Month …… Year

D.MEMBERS'S CONSENT

I consent that the above information is true to the best of my knowledge and authorize Setyon Sacco to proceed with review.

Members' signature ……Date……

E. FOR OFFICIAL USE

I/We have examined the above application in conjunction with the above remarks and have decided as follows:

Approved (tick) ☐ Rejected ☐

Captured By……...……...Signature……...Date……

Verified By……Signature……...Date……...

Approved By ……Signature……...Date……...

F. FOR OFFICIAL USE (REASONS FOR REJECTION)

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