



## GUARANTOR REPLACEMENT FORM

**THIS INSTRUCTION MUST BE CONFIRMED BY AUTHORISED OFFICER OF THE SACCO**

I Mr/Mrs/Miss..... Staff No .....

Dept ..... Designation .....

Mobile Phone No:..... Email Address:.....

Hereby request and authorize you to adjust/deduct my remittances in favor of SHOFCO SACCO as accepted below with effect from ..... until further notice.

**DEDUCTION ITEM**

- 1. Deposit Contribution
- Share Contribution
- 2. Development loan repayment
- 3. Bridging loan repayment
- 4. Emergency loan repayment
- 5. School fees loan repayment
- 6. Business loan repayment
- 6. Household loan repayment
- 8. Other.....

**DEDUCTION ITEM**

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**DEDUCTION ITEM**

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Member's Signature .....

Date .....

Membership No .....

**FOR OFFICIAL USE ONLY**

**INSTRUCTIONS CONFIRMED IN ORDER/NOT IN ORDER**

Staff's Name:.....

Signature .....

Date Sanctioned : .....