



ASILI SACCO SOCIETY LIMITED

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REFUND FORM

NAME.....

EST NO.....

TELEPHONE.....

ADDRESS.....

SIGNATURE.....DATE.....

AMOUNT KSH.....IN WORDS.....

FOR OFFICIAL USE ONLY

Confirm Amount of Interest/Loan/Deposits.....

From.....

Prepared By.....Sign.....DateCredit Assistant

Checked By.....Sign.....Date.....Credit Officer

Disbursed By.....Sign.....DateSenior Teller