



ASILI SACCO SOCIETY LTD

Asili Coop Centre, Lower Ngara Road. Opp. Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/ 0733472823/ 0730785500/ 0730785555
Email: asilisacco@yahoo.com/info@asilisacco.coop Website: www.asilisacco.coop
Whatsapp: 0729875784

GUARANTOR REPLACEMENT FORM

Name of Loanee
Employee Number ID No. Loan Balance.....
Name of the guarantor withdrawing
Employee Number ID No. Amount Guaranteed.....
Reason for Withdrawal.....

GUARANTEE

In consideration of the above particulars, I hereby accept to undertake guarantee of the loan and understand that should the loan be in default, it will be recovered by an offset against my shares as pledged herein and that I shall not be eligible for loan unless the amount in default has been cleared in full. **I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices)**

NEW GUARANTOR'S

1. Name Id no. Signature Date
2. Name Id no. Signature Date
3. Name Id no. Signature Date
4. Name Id no. Signature Date
Loanee's Name Signature Date

N/B ATTACH COPY OF YOUR ID

FOR OFFICIAL USE ONLY

APPROVED BY..... SIGNATURE..... DATE.....