

CHAI SACCO SOCIETY LIMITED

SUPERVISORY MEMBERS CLEARANCE APPLICATION FORM

To be eligible to vie for the position of Supervisory Member, the elected delegates should complete this form and submit to our Secretariat Chai Sacco Offices. or share via email 2025elections@chai-sacco.co.ke

Name: _____

ID. No. _____

Branch: _____

Mobile Number: _____

Member Number: _____

Payroll Number: _____

Signature: _____

Date: _____

____ FOR OFFICIALS USE ONLY FINANCE DEPARTMENT

Deposits as at 31/12/2024 _____

Shares as at 31/12/2024 _____

HEAD OF

FINANCE.....**Signature**.....**Date**.....

LOANS SECTION

Loans defaulted as at 31/12/2024 _____

Loans in other financial institutions _____

CREDIT/BRANCH

MANAGER.....**Signature**.....**Date**.....