

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 2024elections@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 31/12/2023 _____

Shares as at 31/12/2023 _____

**HEAD OF
FINANCE.....Signature.....Date.....**

LOANS SECTION

Loans defaulted as at 31/12/2023 _____

Loans in other financial institutions _____

**CREDIT / BRANCH
MANAGER.....Signature.....Date.....**