



CSSL/BRO/F/012

CHAI SACCO SOCIETY LIMITED

Head Office: Chai House, Ground floor, Koinange Street

P.O Box 278-00200, City Square Nairobi Kenya

Tel: 020 2214406/ 020 2214410/0701314410

Customer Care: 0709 808100/ 0709 808101

Email: info@chai-sacco.co.ke

Website: www.chai-sacco.co.ke

GUARANTOR REPLACEMENT FORM

New Guarantor

| | | | |
|----------------|------------|-------------------|--------|
| FULL NAME | | | |
| PAYROLL NUMBER | | MEMBER NUMBER: | |
| STATION'S NAME | | BRANCH: | |
| ID NO. | | MOBILE NO. | EMAIL: |
| LOAN TYPE | | LOAN AMOUNT Kshs. | |
| LOAN AMOUNT | (in words) | | |

Exiting Guarantor

| | | | |
|----------------|--|----------------|--------|
| FULL NAME | | | |
| PAYROLL NUMBER | | MEMBER NUMBER: | |
| STATION'S NAME | | BRANCH: | |
| ID NO. | | MOBILE NO. | EMAIL: |

Loanee

| | | | |
|----------------|--|----------------|--|
| FULL NAME | | | |
| PAYROLL NUMBER | | MEMBER NUMBER: | |
| STATION'S NAME | | BRANCH: | |

Declaration by new guarantor

I, the undersigned declare that I fully understand PART 6 of the Chai Sacco Society Ltd loan application form on loan default and recovery and do hereby accept the liability for the repayment of the loan in the event of the borrower's default. I understand that the amount in default may be recovered from my deposits in the Society or by attachment of my salary.

Signature _____ Date _____

Witnessed by

| | |
|---|---|
| Guarantor being replaced NAME _____ ID No. _____ PHONE No. _____ SIGN _____ Date _____ | Loanee NAME _____ ID No. _____ PHONE No. _____ SIGN _____ Date _____ |
|---|---|

OFFICIAL USE ONLY.

Verified by: _____ Sign _____ Date _____

Effected by: _____ Sign _____ Date _____