



**CHAI SACCO SOCIETY LIMITED**  
 Head Office: KTDA Plaza 4<sup>th</sup> Floor, Moi Avenue  
 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](mailto:info@chai-sacco.co.ke)  
 Website: [www.chai-sacco.co.ke](http://www.chai-sacco.co.ke)

CSSL/BRO/F/012

## 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**

<p><b>Guarantor being replaced</b></p> NAME _____ ID No. _____ PHONE No. _____ SIGN _____ Date _____	<p><b>Loanee</b></p> NAME _____ ID No. _____ PHONE No. _____ SIGN _____ Date _____
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**OFFICIAL USE ONLY.**

Verified by: \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Effected by: \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_