PRODUCT REQUISTION LOAN FORM

MEMBER NAME: .	
DATE:	CELLPHONE
BRANCH	DEPARTMENT:
PARTICULARS (Iter	n to be purchased)
RETAIL PRICE/KSH	IS:
REPAYMENT PERIO	OD: MONTHS
	11.5% P.A. RIZE WENYE MAGARI SACCO TO RECOVER THE LOAN AMOUNT AND IY SALARY WITH IMMEDIATE EFFECT.
Signature of the applic	cant
FOR OFFICIAL US	<u>E:</u>
Interest per month/KS	SHS
Total Interest/KSHS .	
Total loan amount/KS	SHS:
Total deductions per r	month/KSHS:
Amount approved Ksl	hs
Treasurer:	Name
	Signature Date
Credit Committee	: Name
	Signature Date
Received by: Name.	SignatureDate