SOS SACCO

0721 215 567 | 0722 250 161 | 0723 819 958 P.O BOX 40653 - 00100 NAIROBI ,KENYA SOSSACCO.2016@GMAIL.COM

GUARANTOR REPLACEMENT FORM

STATION:..... DATE :_____

New Guarantor

FULL NAME			
PAYROLL NUMBER		MEMBER NUMBER:	
ID NO.		MOBILE NO.	EMAIL:
LOAN TYPE		LOAN AMOUNT KES(In figures).	
LOAN AMOUNT	(in words)		

Exiting Guarantor

FULL NAME			
PAYROLL NUMBER		MEMBER NUMBER:	
ID NO.		MOBILE NO.	EMAIL:

Loanee

FULL NAME			
PAYROLL NUMBER		MEMBER NUMBER:	
ID NUMBER		DESIGNATION:	

Declaration by new guarantor

I, the undersigned declare that I fully understand PART 5 of the SOS Sacco 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's Witness	**Loanee's Witness**
NAME _____	NAME _____
ID No._____	ID No _____
PHONE No._____	PHONE No._____
SIGN_____Date_____	SIGN_____Date_____

OFFICIAL USE ONLY.

Verified by: _____Sign_____Date_____

Effected by: _____Sign_____Date_____