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## **MEMBER'S CLAIMS FORM**

FROM:
Member's No
Date:
Tel No
P.O Box:
TO: The General Manager Harambee Sacco Society Ltd P.O. Box 47815 – 00100, NAIROBI.
Dear Sir,
RE: CLAIM FOR REFUND.
wish to make this claim as indicated here below for your refund:-
1. Erroneous Deductions / Balance on Loan:
2. Erroneous Deductions/ Balance on Shares :
3. Erroneous Deductions after withdrawal:
4. Claim for Dividends :
5. Cheque Replacement (Attach old Cheque) :
Please credit may shares A/C No.
Any other instructions :
Yours faithfully,
Signature
Personal No.