



**GRAIN BULK SACCO LTD,
P.O.BOX 80469-80100
TEL: 0740 409 093, 0781 010 300
E-mail:
info@grainbulksacco.co.ke**

LOAN REPAYMENT GUARANTEE FORM

I MR/MISS/MRS _____ employee No. _____ and membership No. _____ hereby acknowledge receipt of Kshs. _____ (_____) as loan and authorize my company to recover a total of Kshs. _____ (inclusive of interests at a rate of 1%) for a period of _____ month effective _____. **(This deduction is exclusive of monthly share contribution).**

Incase of default of payment or dismissal from work I, authorize my company to recover the same amount from my salary/ benefits to GB SACCO LTD.

Signed as accepted:

DATE:

**CHECKED BY:
ACCOUNTANT.**

**APPROVED BY:
CHIEF EXECUTIVE OFFICER.**
