



KENPIPE DT SACCO SOCIETY LTD

P.O. Box 314-00507 Tel No.020-550971 Mobile: 0710600999, 0735700971 NAIROBI.

Email: info@kenpipesacco.com Website: www.kenpipesacco.com

GUARANTOR REPLACEMENT FORM

Name of Loanee/Borrower.....
Staff NumberM/No..... Loan Balance Kshs.....
Loanee's Signature Date

Name of Guarantor Withdrawing/Exiting.....
Staff NumberMember No.....
Reason for Withdrawal/Exit

GUARANTEE DECLARATION

In consideration of the above particulars, I hereby accept to undertake guarantee of the loan and understand that should the member default, the amount in default may be recovered by an offset against my/our Deposits in the Sacco or by attachment of my/our salary, until the amount is fully cleared.

NEW GUARANTOR(S)

	Member No.	Staff No.	Name	Signature	Date
1					
2					
3					

FOR OFFICIAL USE ONLY

APPROVED BY (Management Official)

NAME..... SIGNATURE..... DATE.....