

**KISUMU TEACHERS SACCO SOCIETY LTD
P. O. BOX 2073, TEL: 2024767/2024775 KISUMU**

APPLICATION FOR OVERDEDUCTION REFUND

I TSC No.....Mno.....

ID No.....of..... (School/Station) in.....Base

Of.....Branch in.....District

Hereby lodge an application for refund of over deduction/s in respect of

.....

| 200..... | LOANS | INTEREST | SHARES | OTHERS | TOTAL |
|-----------------|--------------|-----------------|---------------|---------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

OTHERS: Specify:.....

.....

Signature:..... Date:.....

FOR OFFICE USE ONLY

APPLICATION REGISTRATION

Registration No.....

Registered by.....Date...../20.....

DATA SECTION

Coded off for the month of.....Year 20.....

Amount Kshs.....

Data Clerk.....Date...../20.....

(Signed)

ACCOUNTS SECTION

| | LOANS | INTEREST | SHARES | OTHERS |
|--------------------|---------------|-----------------|---------------|---------------|
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT |
| ADJUSTMENTS ADD | | | | |
| DEDUCTION | | | | |
| NET TOTAL | | | | |

COMMENTS

Prepared by:..... Date...../200.....

Signed-Accounts Clerk/Accounts Assistant

ACCOUNTANT

Checked and confirmed the amount as Kshs..... Other comments

.....

Signed..... Date...../200.....

OFFICIALS

EXECUTIVE/CREDIT COMMITTEE

Payment approved Kshs..... Date...../200.....

Sign. 1..... Date...../200.....

Sign 2..... Date...../200.....

3..... Date...../200.....

Treasurer comments..... Date...../200.....

CASH OFFICE/FRONT OFFICE

Amount paid Kshs.....

Chief Cashier

Sign..... Date...../200.....