



CHANGE OF EMPLOYER NOTIFICATION FORM

Note: This form Must be filled by any member who has an outstanding loan with the SACCO and is leaving the establishment of the current employer.

Part A: Member information

Name:..... ID No..... SAP No.....
Member No..... Tel No..... Email.....
Employer:..... Department..... Station.....

Part B: Commitment by the member

1. Following my exit from.....employment, effective from...../...../..... I confirm that I have duly informed my guarantors of this development via email correspondences as attached.
2. I have been duly informed by the SACCO that my net liability at the SACCO as at the time of leaving the current employment is Ksh..... (in words.....). I am cognizant that this amount is likely to grow with monthly interest charges.
3. By this form I authorize the head of payroll at(this should be the employer your leaving) to recover Kshfrom my dues and remit towards the loan.
4. By this form I further authorize the SACCO to inform my new employer of this loan for recovery in case I default to repay. The new employer details are as below;

Name.....Tel No.....Email address.....
Postal address.....Code.....Town/City.....Offices located at.....
Floor No.....Street.....or along.....Road.

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

Part C: For Official Use

1. I confirm that the member has provided copies of his/her email correspondences with his/her guarantors regarding his/her change or leaving of current employer.
2. I confirm that his/her net liability to the SACCO as the time of receiving this form is Ksh.....(in words.....)

Accountant.....Signature.....Date.....

Save Regularly and Borrow Wisely

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