

GUARANTORS INFORMATION

S/NO	TSC.NO	NAME	A/CNO.	STATION & ADDRESS	Amount	SIGN
1.						
2.						
3.						
4.						
5.						
6.						

FOR OFFICIAL USE FOSA SECTION

A) Amount Applied Kshs _____

B) Savings Account Balance Kshs _____

C) Advance Balance (If Any) Kshs _____

D) Is the Clearance Form Filled Kshs _____

E) Advance Recommended Kshs _____

OPERATIONS MANAGER _____ **SIGN** _____

DATE _____

APPROVAL

ADVANCE APPROVED KSH _____

Confirmed by: G/MANAGER/ACCOUNTANT SIGN _____

DATE _____