



# OVERDEDUCTION/REFUND CLAIM FORM

## EGERTON UNIVERSITY SACCO SOCIETY LIMITED

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### PART 1: PERSONAL DETAILS

Salutation	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Others..... <input type="checkbox"/>
First Name <small>(as Indicated in your ID)</small>		Middle Name			Last Name		
ID No./Passport No.	Work Station/Business Location			Payroll No.			
FOSA Account No.	Mobile No.		Home/Permanent address				

### PART 2: DECLARATIONS

I hereby wish to apply for a refund being an over deduction from my salary for the month of.....20.....in respect to the following:

- Loan over deduction.(specify loan type)\_\_\_\_\_
- Interest over deduction(specify loan type)\_\_\_\_\_
- Share deposits over deduction.\_\_\_\_\_
- Others,specify\_\_\_\_\_

Applicant's Signature .....	Date:.....
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### PART 3: FOR OFFICIAL USE ONLY

Refund type\_\_\_\_\_

Principal Refunded\_\_\_\_\_

Interest Refunded\_\_\_\_\_

Share Deposits Refunded\_\_\_\_\_

Others\_\_\_\_\_

Notes\_\_\_\_\_

Worked By.....Sign.....Date.....

Appraised By.....Sign.....Date.....

Approved By.....Sign.....Date.....