Oxford SACCO Limited

PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

GUARANTOR REPLACEMENT FORM

(MUST be completed in BLOCK LETTERS)

NEW GUARANTOR									
Surname			Other Names						
Reference No.			ID/Passport	: No.					
Mobile No.				KRA	PIN No.				
Present Address		Posta	Code			Town/City			
Physical Address									
Email Address						Occupation			
Current Liability			Loan Type					Loan Period	
EXISTING GUARANTOR									
Surname			Other Names						
Reference No.			ID/Passport	: No.					
Mobile No.				Email	Address				
LOANEE									
Surname			Other Names	i					
Reference No.			ID/Passport	: No.					
Mobile No.			Ema		Address				
Original Loan			Loan Type					Loan Period	
DECLARATION									
I, the undersigned declare that I fully understand PART G of the Oxford Sacco Society Ltd Ioan application form and do hereby accept jointly and severally full liabilities for the repayment of Ioan in the event of the borrower's default. I understand that the amount in default may be recovered either by offset against my deposits held in the Society or by attachment of salary or property. I have read and accepted the above mentioned terms.									
New Guarantor's Signature:					_ (initials no	t acceptable)	Date:	// _	/
Loanee Signature:			(initials not acceptable)				Date:	// _	/
OFFICIAL USE O	NLY								
1. Credit Cor Name			Signatu	ure			Date:	//	/
2. Treasurer Name			Signatu	ıre			Date:	//	/
3. Chairmar Name			Signatu	ıre			Date:	//	/