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LOAN VARIATION FORM

I _____
TSC/PFNo. _____ MNo. _____
Institution/School: _____
Postal address: _____ Code: _____
Email: _____ County: _____
Request you to INCREASE/DECREASE my monthly Loan deductions from kshs _____ to kshs _____
Per month with effect from _____ 20 _____ until further notice.

Member's Signature: _____ Date: _____ DD/MM/YYYY

NOTE:
• For the variation to be effected in the succeeding month, this Variation Form must reach us on or not later than 10th of the current month.

*** FOR OFFICIAL USE ONLY**

Action by: _____	Date: _____	DD/MM/YYYY
Checked by: _____	Date: _____	DD/MM/YYYY
Authorized by: _____	Date: _____	DD/MM/YYYY