



WEVARSITY SACCO SOCIETY
P O BOX 873-50100
KAKAMEGA

REQUEST FOR REFUND

APPLICANT'S FULL NAME:..... **DATE:**.....

P/F NUMBER..... **M/NO**..... **SIGNATURE:**.....

I wish to apply for a Refund of Ksh:..... against my
.....
.....

dues/benefits due to me for the following reasons:-

1.
2.
3.

Head of Department's Comment:.....
.....

Manager's Comment:.....
.....

Approved:..... [stamp]

Confirmed:.....

