

ADVENTIST SACCO SOCIETY LTD

P. O. BOX 41352 CODE 00100, NAIROBI. TEL: 02-522711 OR 0722604765

GUARANTORSHIP CHANGE FORM

NAME OF MEMBER _____
MEMBERSHIP NO. _____
INSTITUTION _____

LOAN TYPE: _____

I _____ _ Would like to change my loan Guarantors with effect from the date of receipt of this form.

FROM:

MEM NO.	Member's Name	Institution	Amount Guaranteed	Liability	Applicant Signature

TO

MEM NO.	Member's Name	Institution	Amount Guaranteed	Liability	Applicant Signature

Kindly, effect the same by attaching this form to my loan application form.

Signature.....

Date.....

