

# **LAINISHA SACCO SOCIETY LIMITED.**

**P.O. BOX 272-10303  
WANG'URU  
TEL: 0705-492352**

Email: [info@lainishasacco.co.ke](mailto:info@lainishasacco.co.ke)  
Website: [www.lainishasacco.co.ke](http://www.lainishasacco.co.ke)



## **REVERSAL/CLAIM FORM**

I..... **Member No.**.....

**ID No.**..... wish to raise a claim/reversal of a wrongly deposited cash of

Ksh.....in words..... dated.....

from account no.....to account no.....

**Name**.....**Signature**.....

**Date**.....

### **FOR OFFICIAL USE ONLY**

**Please note to make a call back**

Received by..... Designation.....Sign.....

Approved by.....Designation.....Sign.....

Effected by.....Designation.....Sign.....

**VISION: "TO BE A LEADING PREFERRED FINANCIAL SOLUTIONS PROVIDER"**

**MISSION: "TO POOL FINANCIAL RESOURCES AND OFFER CUSTOMER RESPONSIVE PRODUCTS AND SERVICES TO PROMOTE THEIR SOCIO-ECONOMIC GROWTH THROUGH TECHNOLOGICAL INNOVATION AND GOOD CORPORATE GOVERNANCE"**