



TABASAMU SACCO
Pamoja Tunawiri

Tunawiri House
 0702 599 292/ 0792 773 444
 P.O Box 123-80403, Kwale
 info@tabasamusacco.org
 www.tabasamusacco.org

GUARANTOR SUBSTITUTION FORM

I of
 ID Number Member Number
 Employer Payroll Number
 Phone Number Working Station
 P O BOX Residence Town have accepted to be listed as
a guarantor in substitute of;
 Name
 ID Number
 Member Number Regarding the loan(s) listed below.

| Loanee M. No. | Loanee | Loan No. | Outstanding Bal | Loan Category |
|------------------|--------|----------|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

In committing my signature voluntarily as shown hereafter, I hereby accept liability for the repayment of the above loan(s) in the event of the borrower's default. I understand that the amount in default may be recovered by an offset against my deposits or attachment of my property, salary.

Signature DATE

FOR OFFICIAL USE

Captured by: Sign Date

Filed by: Sign Date