

KENVERSITY SACCO SOCIETY LIMITED

P.O BOX 10263, NAIROBI

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EMAIL: INFO@KENVERSITYSACCO.CO.KE

STATEMENT REQUISITION

First Name: _____

Last Name: _____

Other Names: _____

Account No: _____

Member No: _____

ID NO: _____

Bank Name: _____ Branch _____

Charge **KES: 200** from my KENSA Account:

Signature: _____ Date: _____

Received By: _____ Signature: _____ Date: _____