CUSTOMER CHEQUE REQUEST FORM

To The C.E.O,
Kencream Sacco Ltd,
P.O. Box 30131-00200
Nairobi **Date:……./……/20…….**

NAME _____

ACCOUNT NO:

1	**0**	**1**	**0**	**0**				

Mobile No:

Please issue me with a bankers cheque/cheque of Kshs…… in words……..
……
……

In the name of ……

Debit my account with the cheque amount and the charges.

_____ _____

Customer Signature **ID Number**

<u>For official use only</u>

Account Balance Kshs _____

Verified By:…… Signature:……Date:……

Approved By:…… Signature:……Date:……

Processed By:…… Signature:……Date:……