



VISION AFRIKA SAVINGS AND CREDIT SOCIETY LIMITED.

P.O. BOX 18263- 20100 NAKURU

EMAIL: visionafrika@gmail.com

BANKERS CHEQUE REQUISITION FORM

A. DRAWER (CUSTOMER DETAILS)

I/We..... member NO.....Group No.....

Authorize Vision Afrika Sacco to pay (Payee name).....

The sum of Kshs..... Amount in words.....

For the purpose of (plot/vehicle #).....

Others.....

Signature..... I.D. NO.....Phone NO.....Date.....

Signature..... I.D. NO.....Phone NO.....Date.....

Signature..... I.D. NO.....Phone NO.....Date.....

B. PAYEE ACKNOWLEDGEMENT

I (Name/Institution).....

Accept bankers cheque number..... With a sum of

Kshs..... As a payment for.....

SIGNATURE.....I.D.....Phone no.....DATE.....

C. OFFICIAL USE ONLY

ACCOUNT BALANCE

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BANKER'S CHEQUE AMOUNT

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BALANCE AFTER THE SALE

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BANKER'S CHEQUE NUMBER.....

Checked by Signature.....Date.....

Authorized by..... Signature..... Date.....

COMMENTS.....

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