



INTEREST ON SAVINGS REQUISITION FORM

CLIENT DETAILS

Names: Surname:
Membership No: Omang No: Gender:
Date of Birth: Postal Address:
Physical Address: Tel:
Cell: Email Address:

EMPLOYMENT DETAILS

Employer/Ministry:
Department:
Village/town
Postal Address
Tel:

BANK DETAILS

Bank: Branch Name:
Branch Code: Account Number:

YEAR ENDED APRIL 2023

Total Interest Claimed:
Member's Signature: Date:

FOR OFFICIAL USE

Savings Balance Pre-approval
Savings Balance Post Claim
Authorized By: Date Signature:

Approved/Disapproved: Date ; Signature:

Attach copy of OMANG and Bank statement for banking details purposes