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**ERRONEOUS REFUND / DIVIDEND CLAIM FORM**

Member’s Name.....P/No.....

Employer ..... National ID No.....

Mobile No.....**Email address**.....

Postal Address ..... Code.....

**PART I: THE NATURE OF YOUR CLAIM**

**(Please tick the Appropriate Box: (Attach Relevant Pay slip)**

Loan : Month..... Year.....

Interest : Month..... Year.....

Deposits : Month..... Year.....

Benevolent Fund : Month..... Year.....

Salary : Month ..... Year .....

Unpaid Dividends : Year(s).....

Others (Specify).....

**PART II ACTION REQUIRED**

- a) Pay me ( )
- b) Reduce Loan ( )
- c) Credit to Deposits ( )
- d) Credit to Share Capital ( )

Member’s signature: .....Date.....

*NB: All payments shall be done through FOSA Accounts*