

BOSA ERRONEOUS DEDUCTION CLAIM FORM

MOBILE; 0716 315 355

Date...../...../.....

PERSONAL DETAILS

Name..... PF/No.....M/No.....

Station..... P.O. Box.....

Mobile No.....Signature.....Date.....

I request for refund of erroneous deductions for the month of
as per attached copy of payslip.

OFFICIAL USE ONLY

Amount to be Refunded

Loan Kshs.....Interest Kshs.....Total Kshs.....

Deposits/shares Kshs..... Total Kshs.....

Benevolent Kshs..... Total Kshs.....

Total Claim Kshs.....

Prepared by:

Name.....Signature.....Date.....

Verified by:

Name.....Signature.....Date.....

Name.....Signature.....Date.....