AIICO INSURANCE STAFF COOPERATIVE MULTIPURPOSE SOCIETY LIMITED

DATE:2	019		
SECTION A (To be completed by Treasurer)			
SURNAME:	INITIALS:	STATU	JS: <u>Member</u>
	<u>P</u>)	RODUCT INDEN	<u> </u>
PRODUCT I PROD. I			
PRODUCT IIPROD. I I			
PRODUCT IIIPROD.III			
PRODUCT PRICE =N=		INTEREST =	=N=
TOTAL =N= MONTHLY DEDUCTION:			
REPAYMENT PERIOD	MONTHS R	EMARKS:	
SECTION B (To be completed by Applicant)			
I			
AMOUNT =N=	•••••		
Signature:	Date:	•••••	.2019
SECTION C (To be completed by	Guarantor)		
GUARANTOR'S NAME	AMOUNT GUARANT	EED	SIGNATURE
Guarantor's Name	Amount Guarantee	d S	Signature & Date
	=N=		
	=N=		