

POLICE SAVINGS ASSOCIATION LTD (PSAL)

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1. APPLICATION FOR LOAN EXCESS DEDUCTION REFUND

(Complete in block letters)

To: The Chairperson
Police Savings Association Ltd

I hereby make an application for loan excess deduction refund and agree to conform to the Association by laws and amendments thereof.

Full Name Mr. / Mrs. / M/S.....

Date of Birth..... IPPS No.....

Department.....Station.....

File / Force No.....Rank.....Term of Service.....

Present Address.....Tel No.....

Email Address.....

2. AMOUNT OF LOAN EXCESS DEDUCTION

Number of loan installments (months) deducted in excess

Amount of loan excess deduction Ug Shs

Signature of Applicant Date

FOR COMPANY USE ONLY

Confirmed Number of loan installments (months) deducted in excess

Confirmed Amount of loan excess deduction Shs

Signature of official Date