THE SACCO SOCIETIES REGULATORY AUTHORITY
(SASRA)

COMPLAINTS FORM

Complainant Name ……

Membership No. of Complainant: ……

Contacts of Complainant: ……

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Name of Sacco involved: ……

(The Sacco involved should be a licensee of SASRA)

DESCRIPTION OF COMPLAINT:……
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Continue on a separate sheet if necessary)

(Please attach copies of any relevant documentation. Please retain a copy of this form and any relevant documentation for your own records.)

…… ……

Signature of Complainant **Date**