

**AMREF SACCO MARKETING COMMISSION CLAIM**

	NAME OF MEMBER INTRODUCED (Attach membership form)
1	
2	
3	
4	
5	

NAME OF PRINCIPAL MEMBER \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of marketing commission claim.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Official use only:**

Received by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Amount payable (Ksh) \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Authorized by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Cash Received by:

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_