

**UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED**

**P.O. BOX 54974-00200 NAIROBI**

**GUARANTOR REPLACEMENT FORM**  
**(TO BE FILLED IN DUPLICATE)**

Member Name.....

Mno .....

**INITIAL GUARANTOR(S)**

NAME	HRNO	MNO	ID NO	AMOUNT GUARANTEED		REMARKS
				FIGURES	WORDS	

**NEW GUARANTOR(S)**

NAME	HRNO	MNO	ID NO	AMOUNT GUARANTEED		SIGN
				FIGURES	WORDS	

**For official use only**

Information verified by..... Signature..... Date.....