



Membership Withdrawal Form

APPLICANT DETAILS

NAME _____ MEMBER NO _____

A/C NO. _____ TEL NO _____

TYPE OF WITHDRWAL

60 DAYS IMMEDIATELY

(15% Charged)

I wish to withdraw my membership from the Sacco giving a notice of 60 days/immediate effective today. I understand that immediate withdrawal attracts 15% charges on my deposit **NOTE: THE IMMEDIATE WITHDRAWAL WILL TAKE AT LEAST 7DAYS.**

The following is the reason of my withdrawal _____

Comments if any _____

APPLICANT SIGNATURE

FOR OFFICIAL USE

Deposit contribution Ksh. _____

Fosa Shares Ksh. _____

Share Capital Ksh. _____

Total Contribution Ksh. _____

Less Share capital Ksh. _____

Less Outstanding Loan Balances Ksh. _____

Less Amount Guaranteed Ksh. _____

Less 15% Commission Ksh. _____

Amount Payable Ksh. _____

AMOUNT IN WORDS (Kenya Shillings) _____

APPROVAL

(1) Processed by Loans Assistant Officer _____ Date _____

(2) Checked by Loans Officer _____ Date _____

(3) Approved by Credit Manager _____ Date _____

AUTHORIZATION BY CREDIT COMMITTEE

On _____ we have approved the withdrawal of shares valued Ksh _____ as the management committee meeting held on _____

Chairman Credit Committee

Secretary Credit Committee

Member Credit Committee