



SACCO MEMBERSHIP WITHDRAWAL REQUEST FORM

The Credit Manager

SHOFCO SACCO LTD

Nairobi

I do hereby request to withdraw my membership from SHOFCO Sacco Limited w.e.f.....this being my written notice. The reason for my withdrawal is.....

I am fully aware that according to the by-laws of SHOFCO Sacco, A member may at any time withdraw from the society by giving a written notice of Sixty (60) days. No member will be allowed to withdraw from the society before clearing all loan balances if any; and thereafter the notice period, a member shall be refunded his dues within 30 days.

I undertake to follow-up on the members whose loans I have guaranteed to ensure that I have been fully replaced. Otherwise, the society will continue to hold on to my deposits until the loans guaranteed have been fully replaced.

Personal Account Details

Full Names..... Staff No..... ID No

Department..... Branch

Mobile Number..... Email address.....

Bank A/C Name.....

Account No..... Bank.....Branch.....

I hereby make an application to withdraw from the SACCOand agree to conform to SHOFCO sacco by laws and any amendment thereof.

Signature of Applicant (within the box)

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name:.....
Designation:
Signature
Date

AUTHORISED BY COMMITTEE

Staff Name:.....
Designation:
Signature
Date