

MEMBERSHIP WITHDRAWAL FORM

A. PERSONAL IDENTIFICATION DETAILS

I, _____ (Full Name) of Member Number _____
hereby make a request to withdraw my membership in Kenversity Sacco.
PHONE NUMBER _____ OTHER PHONE NUMBERS _____
POSTAL ADDRESS P.O. Box _____ EMAIL ADDRESS _____
CONTACT PERSON (Name and Mobile No) _____

B. REASON FOR MEMBERSHIP WITHDRAWAL

Please take a moment to give feedback on the reason for withdrawing. (Tick as appropriate)

- | | |
|---|-----------------------------------|
| a) Shifting to another Sacco | g) Relocation (specify) |
| b) Loss of employment/source of income | h) Unhappy with service (specify) |
| c) Retirement | i) Deceased case |
| d) Dissatisfied with present product offering | j) Emergency |
| e) Closure/dissolution of business | k) Other _____ |
| f) Investment opportunity (specify) | _____ |

C. PREFERRED WITHDRAWAL TYPE

Normal (60 days) _____

D. INSTRUCTIONS, TERMS AND CONDITIONS

- Groups accounts to attach authorized minutes/resolution to close the account.
- Any outstanding obligation/liability, collaterals or guarantee for other member loans on your Account, will need to be paid/cleared before your dues are paid. In the event, you have guaranteed someone, ensure you have been substituted from guaranteeing them.
- Membership withdrawal closure process takes 60 days subject to fulfilling all obligations as stated in 2 above.
- Fill in the applicable form for share capital transfer as this is non-refundable.
- All applicable fees will be charged and recovered in line with Sacco policy.
- All services, such as web portal access, ATM Card and Mobile Banking, which may be attached to the account/s being closed, will be cancelled prior to the withdrawal.

1. NAME: _____ ID NO: _____ Date: _____ SIGN: _____
2. NAME: _____ ID NO: _____ Date: _____ SIGN: _____
3. NAME: _____ ID NO: _____ Date: _____ SIGN: _____

FOR OFFICIAL USE ONLY

Received by:

Name _____ Staff No. _____ Date _____ Sign _____

Comments: _____

Name _____ Staff No. _____ Date _____ Sign _____