KENVERSITY SACCO LTD

P.O.BOX 10263-00100 Nairobi, Kenya. CELL: 0715 114454 TEL:020-8002371/2

info@kenversitysacco.co.ke

www.kenversitysacco.co.ke
Kenversity Plaza, Kahawa Sukari, along Thika Super Highway



Sign_____

PERSONAL IDENTIFI	CATION DETAILS		
		(Full	Name) of Member
	nereby make a request to withdraw		•
	OTHER PHONE NUM	•	•
	. Box EN		
	ame and Mobile No)		
•	BERSHIP WITHDRAWAL		
	to give feedback on the reason for	withdrawing, (Tick	as appropriate)
a) Shifting to ano		_	ation (specify)
_	ment/source of income	•	ppy with service (specify
c) Retirement	,		ased case
d) Dissatisfied wit	h present product offering	j) Emer	gency
e) Closure/dissolu		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
f) Investment op		, 	
C. PREFERRED WITHDR	RAWAL TYPE		
Normal (60 days)			
1 NOTTI (00 days)			
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Name_____ Staff No.____ Date____