



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 _____