



P.O. BOX 66827 – 00800, WESTLANDS  
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**SACCO MEMBERSHIP WITHDRAWAL REQUEST**

The Chief Executive Officer  
Safaricom Sacco Ltd,  
NAIROBI.

I do hereby request to withdraw my membership from Safaricom 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 Safaricom Sacco states that: A member may at any time withdraw from the society by giving a written notice of ninety (90) 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 monies 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.....DUTY STATION.....  
OFFICE NUMBER.....MOBILE PHONE NO.....  
E-mail Address: (Official).....  
E-mail Address: (Personal).....

Bank A/C Name .....  
A/C NO.....Bank .....Branch.....

I hereby make an application to withdraw from the Sacco and agree to conform to **Safaricom Sacco** by-laws and any amendment thereof.

**Signature of Applicant (Within the box)**

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**FOR OFFICIAL USE ONLY**

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**CHECKED BY**

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

**AUTHORISED BY COMMITTEE**

Name.....  
Designation .....  
Signature .....  
Date .....