

Membership Withdrawal Request Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED



The Secretary
Safaricom SACCO Ltd
Box 2392, 00600, Westlands
Tel: 0111 222 226/7

I do hereby request to withdraw my membership from Safaricom Sacco Limited with effect from _____ this being my written notice.

A: REASON FOR MY WITHDRAWAL...

- Loan Requirement Not Met** Lack of Guarantors Insufficient Securities Loan Declined
- Financial Constraint** Poor Business Performance Unstable Income
- Loss of Income** Job Loss Retired Redundancy
- Loan Pay Off** Clear Loan Balance
- Poor Customer Service** Poor Services Rendered Email Not Answered Phone Not Answered
- Join New SACCO** Job Change Can't be in two SACCOs New SACCO Has Better
- Pursue Personal Interest** Personal Emergency Pay School Fees Medical Use
- Venture in other investments Access Savings for Personal Use & Rejoin Again
- Other Commitments (Specify) _____

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 **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 monies within 60 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. Member is also advised to cancel any DDA once the account is closed, and the SACCO will not be liable to any bank charges.

B: PERSONAL ACCOUNT DETAILS...

Full Name: Staff No:

ID No Passport No:

Department Duty Station:

Mobile No: Work Telephone:

Email Address (Personal):

The funds once credited to the member FOSA account can be accessed using the USSD/ Funds transfer option on the Portal or request for EFT. 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: Date:

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name _____
Designation _____
Signature _____
Date _____

AUTHORISED BY COMMITTEE

Staff Name _____
Designation _____
Signature _____
Date _____