

MEMBERSHIP CONTINUATION REQUEST FORM

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



The Secretary
Safaricom SACCO Ltd
Nairobi

This is to notify the Society of my resignation from Safaricom Limited w.e.f. . I would like to continue with my membership of the Safaricom SACCO. My details are as follows:-

ACCOUNT DETAILS

Name: Full names as they appear on ID/PP Staff No:

ID No Passport No

Employer: Workstation:

Postal Address:

Mobile No: Alternate Phone:

eMail (Official): eMail (Personal):

I am fully aware of my obligations as a cooperators that states:
A member must make remittance consistently to the SACCO every month.

Attached please find the Direct Debit Form / Standing Order or any other instructions for KShs.
duly signed for remittance of my monthly contributions as follows:

Deposit KShs.

Loans: 1. Amount Loan Type

2. Amount Loan Type

3. Amount Loan Type

Others: 1. Amount

Date: Signature:

FOR OFFICIAL USE ONLY

Checked By Signature Date

Authorized By Signature Date