



Safaricom Sacco
LIMITED

P.O. BOX 2392 – 00606, WESTLANDS
TEL: (0111 222 226/7)

SACCO MEMBERSHIP WITHDRAWAL REQUEST

The Secretary,
Safaricom Sacco Ltd,
NAIROBI.

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

Personal Account Details

FULL NAMES:**STAFF NO.**..... **ID NO**

DEPARTMENT.....**DUTY STATION**.....

OFFICE NUMBER.....**MOBILE PHONE NO.**.....

E-mail 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 (Within the box)

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name.....
Designation
Signature
Date

AUTHORISED BY COMMITTEE

Name.....
Designation
Signature
Date