



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

MEMBERSHIP WITHDRAWAL FORM

UCSCS/E/FIN/003

Member's Name.....P/No.....

Employer ID No.....

Mobile No.....Email address.....

Postal Address Code.....

I hereby give the Sacco **60 days' notice** of my withdrawal of membership with effect from (Date)
.....

(a) Reasons for withdrawal (State briefly)

(b) I have worked in the following work stations up-to-date.

Year	Station	Branch / County
.....
.....
.....

Signature Date.....

Please attach copies of ID/Card, latest pay slip, retirement letter for retired officers and dully signed alternative guarantor's form for every outstanding loan guaranteed

PART II BRANCH ENDORSEMENT

(a) I hereby confirm that the above applicant comes from the branch

(b) I also certify that the member's was granted branch emergency loan of Kshs.....

Cheque No..... Dated.....

Name of branch

Branch officials' Names Position.....

Signature Date



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PART III HEAD REFUNDS

I confirm that this member will not have outstanding liability after processing of this withdrawal

SignatureDate

PART III HEAD DATA

I confirm that stoppage of deductions has been effected in the month of

SignatureDate