

**MOLINE SAVINGS & CREDIT CO-OPERATIVE SOCIETY**

**P.O. Box 6805-20100**

**NAKURU-Kenya**

**Email:-[molinesacco@co.ke](mailto:molinesacco@co.ke)**



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**SACCO MEMBERSHIP WITHDRAWAL REQUEST**

The Chairman,  
MOLINE Sacco  
Ltd, NAKURU

I do hereby request to withdraw my membership from MOLINE 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 MOLINE 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 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: ..... MEMBER NO: .....  
ID/PASSPORT No: .....  
MOBILE PHONE No: ..... E-mail Address: (Personal): .....

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

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**FOR OFFICIAL USE ONLY**

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**PREPARED BY**

Staff Name.....

Designation .....

Sign.....

Date .....

**AUTHORISED BY COMMITTEE (BOARD)**

Chairperson..... Sign.....

Secretary..... Sign.....

Treasurer..... Sign.....

Date ..... Official Stamp.....