

MOLINE SAVINGS & CREDIT CO-OPERATIVE SOCIETY



P.O. Box 6805-20100

NAKURU-Kenya

Email:-molinesacco@co.ke

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.

FOR OFFICIAL USE ONLY

PREPARED BY

Staff Name..... Chairperson..... Sign.....

Designation Secretary..... Sign.....

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

Date Official Stamp.....

AUTHORISED BY COMMITTEE (BOARD)