



# KEYSTONE DT SACCO

## The Sacco of Choice

P.O BOX 2073 – 4100, KISUMU

TEL: 057-2024767 0799946225 Email: info@keystonedtsacco.co.ke / keystonedtsacco@gmail.com

### MEMBERSHIP WITHDRAWAL/RETIREMENT REQUEST

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#### PERSONAL DETAILS

NAME	
ID NO	
MEMBER NUMBER	
PAYROLL NUMBER	
EMPLOYER NAME	
MOBILE NUMBER	
DUTY STATION	
WARD	

I \_\_\_\_\_ do hereby request to withdraw my membership from **KITE SACCO LTD** w.e.f \_\_\_\_\_ this being my written notice. The reason for my withdrawal is \_\_\_\_\_

#### DECLARATION BY MEMBER

I am **fully** aware that according to the by-laws of **KITE Sacco** states: 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; withdrawal / retirement must be cleared by Employer.

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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### FOR OFFICIAL USE ONLY

##### CHECKED BY

Staff Name.....  
Designation.....  
Signature.....  
Date.....

##### AUTHORISED BY C.E.O / CHAIRMAN

Name.....  
Designation.....  
Designation.....  
Date.....