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**P.O BOX 2073 – 4100, KISUMU**

**TEL: 057-2024767 0799946225Email:** [**info@keystonedtsacco.co.ke**](mailto:info@kitesacco.co.ke) **/** [**keystonedtsacco@gmail.com**](mailto:kitesacco@gmail.com)

**MEMBERSHIP WITHDRAWAL/RETIREMENT REQUEST**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**CHECKED BY AUTHORISED BY C.E.O / CHAIRMAN**

Staff Name…………………………………………………………….. Name…………………………………………………………………..

Designation…………………………………………………………… Designation…………………………………………………………..

Signature……………………………………………………………… Designation……………………………………………………………

Date……………………………………………………………………… Date……………………………………………………………………….