

PARTIAL SAVINGS WITHDRAWAL FORM

Attach Passport

Requirements:

1. Valid membership scheme

I hereby make an application for savings withdrawal and agree to conform to the co-operative by-laws and any amendment thereof. Savings withdrawal should not exceed 20% of Normal Deposits

SECTION 1: APPLICANTS PERSONAL INFORMATION

FULL NAME: Mr/Mrs/Miss/Dr/. _____

DATE OF BIRTH /REG. _____ GENDER: _____

NATIONALITY: _____ COUNTY: _____

ID/PASSPORT/REG NO: _____ TEL NO: _____

POSTAL ADDRESS: _____ MEMBER NO: _____

EMAIL ADDRESS: _____

SECTION 2: SAVINGS WITHDRAWAL – Tick appropriately

Amount Applied			Date Needed: (Min 7days)	
Amount (in words)				
Purpose				
Pending Loans with Sacco	Loan Type	Amount	Balance	
1.				
2.				
3.				

SECTION 3: DECLARATION

I _____ declare all the information given herein is true and I shall abide by all terms and conditions laid down by the Sacco. I declare that the statements herein are true to the best of my knowledge. I further undertake to abide by any adjustment of applied amount and the terms and conditions thereof. (Note: Giving false information is an offence under the laws of Kenya)

APPLICANTS SIGNATURE: _____ DATE: _____

Official:

RECEIVED BY: _____ SIGN: _____ DATE: _____

PROCESSED BY: _____ SIGN: _____ DATE: _____