## EMPAWA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD | TEL: 0784499400 PO BOX 3540 - NAKURU

SACCO WITHDRAWAL NOTICE			Attach Passport
Requirements:			
1. Valid membership	scheme		
I hereby give notice to with	ndraw from the sacco w.e	e.f(90 days	notice as per bylaws)and
agree to conform to the co	o-operative by-laws and an	y amendment thereof.	
SECTION 1: APPLICANTS P	ERSONAL 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— Tick	appropria <mark>tely</mark>		7
Savings Amount		Share Capital :	
Amount (in words)			-
Purpose			
	an Type	Amount	Balance
1.			
2.			
3.			
SECTION 3: DECLARATION			
1	المالية مسامية	!	
			ein is true and I shall abide
			herein are true to the bes
			d amount and the terms a
conditions thereof. (Note:	Giving false information is	an offence under the lav	ws of Kenya)
APPLICANTS SIGNATURE: _		DATE:	
Official:			
RECEIVED BY:	SIGN:	DATE:	
PROCESSED BY:	SIGN:	DATF:	