

ACTIONAID SACCO SOCIETY LIMITED

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MEMBERSHIP WITHDRAWAL FORM

PERSONAL DETAILS

NAME		
PAYROLL NUMBER		
MEMBER NUMBER		
EMPLOYER'S NAME		
ID NO.		
MOBILE NO.		
EMAIL ADDRESS		

I _____ do hereby request to withdraw my membership from Actionaid Sacco this being my written notice. The reasons for my withdrawal are: _____

Declaration by member I am fully aware that:

- The withdrawal will not be processed until all outstanding loans if any have been cleared and all the loans I have guaranteed cleared or my guarantor replaced.
- The share capital investment shall be held by the Society as my investment. However I have the right to sell or transfer the shares to another member.
- The withdrawal will be paid after 60 days of the withdrawal notice.

Signature _____ Date _____

OFFICIAL USE ONLY

Verified by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date and Stamp _____

