



MPANZI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
P.o Box 100-90103 Wamunyu. Email: mpanzisacco@gmail.com

SACCO MEMBERSHIP WITHDRAWAL REQUEST

The Chairman
Mpanzi Sacco Society Ltd
P.O BOX 100-90103
Wamunyu

We do hereby request to withdraw my membership from Mpanzi Sacco Society Limited with effect from _____ this being my written notice. The reason(s) for our withdrawal is

We are fully aware that according to the by-laws of Mpanzi Sacco that: A member may at any time withdraw from the society by giving a written notice of sixty (60) days. A 5% withdrawal fee of the total savings shall be charged as per the SACCO policy. No member will be allowed to withdraw from the Society before clearing all loan balances if any. 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. We hereby make an application to withdraw from the Sacco and agree to conform to Mpanzi Sacco by-laws and any amendment thereof.

PERSONAL ACCOUNT DETAILS

Group name..... Member No.....

Registration no.....

Name(Chairman) Signature Date.....

Name(Secretary) Signature Date.....

Name(Treasurer) Signature Date.....

FOR OFFICIAL USE ONLY

Comments

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