



SAUTI COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
P.O. BOX 30042-00100 NAIROBI|TEL: +254202108693, +2542066511178
Email: sautisaccoltd@gmail.com, info@sautisacco.com |website: www.sautisacco.com

MEMBERSHIP WITHDRAWAL REQUEST FORM

I do hereby request to withdraw my membership from Sauti Sacco Society Ltd with effect from _____ this being my written notice.

My reason for withdrawal

I am FULLY aware that according to the by-laws of Sauti Sacco Ltd states that: 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.

FULL NAMES	
MEMBER NUMBER	
PHONE NUMBER	
EMAIL ADDRESS	
SIGNATURE	
DATE	

FOR OFFICIAL USE ONLY

ACTIONED BY..... SIGNATURE.....DATE.....

CHECKED BY..... SIGNATURE..... DATE.....

AUTHORIZED BY..... SIGNATURE..... DATE.....