

KIMISITU CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD.

Kimisitu Plaza
Woodlands Road
P.O. Box 10454 - 00100
Nairobi - Kenya



Tel: 254 - 020-2733601/3
Fax: 254 - 020- 2733598
Email: admin@kimisitusacco.or.ke
website http:// www.kimisitusacco.or.ke

MEMBERSHIP WITHDRAWAL FORM

Please attach your Kimisitu membership card

Name..... Organization.....

ID /Passport No.....Member No.....

Telephone No.Mobile No

Email address.....

How long have you been a member?.....

REASONS FOR WITHDRAWAL

Loss of employment Change of employment Voluntary Other

Other, please explain.....

.....

.....

Would you consider rejoining Kimisitu Sacco in future? YES NO

(If not) please explain.....

.....

PAYMENT MODE (Please tick as appropriate)

RTGS (same day transfer, Bank charges Kes 500) EFT (2-3 Working days) CHEQUE

BANK ACCOUNT DETAILS

BANK..... BRANCH..... A/C.....

Signature..... Date.....

Note:

*Withdrawals take 60 days to be processed subject to the member replacing all the loanees guaranteed
All guarantees must be replaced using the guarantor replacement form
Attach copy of your ID or passport to this form*

FOR OFFICIAL USE ONLY

Received by.....Date.....

Reviewed by.....Date.....

Payment processed byDate.....