SOS SACCO
P.O BOX 40653-00100 Nairobi Tel:
0729807849/072121556
Email: sossacco.2016@gmail.com

SACCO MEMBERSHIP WITHDRAWAL FORM

The Chairperson,
SOS SACCO Ltd, Nairobi.

I do hereby request to withdraw my membership from SOS SACCO Ltd, with effect from _____ this being my written notice.

MEMBER PERSONAL DETAILS:

Name_____ Member No_____

Mobile_____ ID NO_____

Email_____

I am FULLY aware that according to the by-laws of SOS Sacco Ltd, a member may at any time withdraw from the society by giving a written notice of sixty (60) days. I am also FULLY aware that the share capital is not refundable but is transferrable to new members

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

The savings in the account, after the recovery of any loan balance, outstanding interest and any other charges should be paid to the following account:
Account Name_____

Bank Name_____ Branch_____

Account Number_____

Mode of Payment; ☐ RTGS ☐ EFT ☐ Cheque Name:_____

Transfer my deposits and/or shares to: Member Name:_____**Member No:** _____

Signature of applicant (within the box)

Date: _____

FOR OFFICIAL USE

CHECKED BY (TREASURER)	CHECKED BY (CREDIT)	AUTHORISED BY
Staff name……	Staff name……	Name……
Comments……	Comments……	Comments……
……	……	……
Signature ……	Signature……	Signature……

SOS SACCO LTD WISHES YOU THE BEST IN YOUR FUTURE ENDEAVOURS