YOKEN
SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD.
Save and Borrow Wisely
P.O. BOX 1175 EMBU, **email: yoken.sacco@gmail.com**

SACCO MEMBERSHIP WITHDRAWAL REQUEST

To
General Manager,
Yoken Sacco Ltd,

I do hereby request to withdraw my membership from Yoken Sacco Limited w.e.f _____ this being my written notice. The reason for my withdrawal is _____

I am FULLY aware that according to the by-laws of Yoken Sacco 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; and thereafter the notice period, a member shall be refunded his monies within 30 days

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.

Personal Account Details

FULL NAMES: .....STAFF NO..... ID NO **.....**
DEPARTMENT.....DUTY STATION.....
OFFICE NUMBER.....MOBILE PHONE NO......
E-mail Address: (Official).....
E-mail Address: (Personal)**.....**

Bank A/C Name .....
A/C NO......Bank **.....**Branch**.....**

I hereby make an application to withdraw from the Sacco and agree to conform to **Yoken Sacco** by-laws and any amendment thereof.

Signature of Applicant (Within the box)

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name**.....**
Designation **.....**
Signature **.....**
Date **.....**

_____

AUTHORISED BY COMMITTEE

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

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