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SACCO MEMBERSHIP WITHDRAWAL FORM

The Chairperson,
Kenya Medical Association Sacco Ltd, Nairobi.

I do hereby request to withdraw my membership from Kenya Medical Association 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 Kenya Medical Association 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: _____

The reasons for my withdrawal are: _____

Kindly indicate how you would like our services improved _____

Would you consider rejoining KMA SACCO at a future date? YES NO

Would you recommend membership to your colleagues? YES NO

Signature of applicant (within the box)

Date: _____

FOR OFFICIAL USE

CHECKED BY (INSURANCE)

Staff name.....

Comments.....

.....

Signature

CHECKED BY (CREDIT)

Staff name.....

Comments.....

.....

Signature.....

AUTHORISED BY

Name.....

Comments.....

.....

Signature.....