

MWITO CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

TEL NO: 020-3505209 (WIRELESS), 0713786028, 0715555390

The C.E.O,
Mwito Co-operative Society Ltd.
P.O Box 56763,
00200 Nairobi

REF. CS 3047

MEMBERSHIP WITHDRAWAL FORM

I hereby make application for membership withdrawal and agree to conform to the Society's by-laws on termination of membership (By-law no. 20, 21 & 22)

Name in full _____ (Block Letters)

Date of birth _____ Official Designation _____

Employer _____ Dept/Section _____

Payroll No. _____ Station _____

Present Address _____ Code _____ Town _____

Email Address _____ Cell Phone _____

In-case of existing guarantee obligation, provide alternative guarantee by filling a "guarantor replacement form". Withdrawal notice will not take effect unless guarantee obligation is cleared. Withdrawal notice takes 60 days from the date its received

Please state the reason(s) for your withdrawal

1. _____
2. _____
3. _____

Please channel the payment through:

❖ My FOSA account no. _____

❖ My bank account no. _____

Bank _____ Branch _____

After closure of my account, I would like to:

Retain/close my Fosa account no. _____

Retain/Transfer my share capita to _____

Applicant's signature _____ I/D No. _____ Date _____

FOR OFFICIAL USE ONLY

Approving officer's name _____ Signature _____ Date _____

CREDIT DEPARTMENT CLEARANCE

Outstanding loan guarantee _____

Loan balance after offset _____

I declare that the applicant has no liability with Mwito Sacco

Credit Manager _____,signature _____,Date _____

FINANCE DEPARTMENT CLEARANCE

❖ Share capital amount _____

❖ Share capital transferred to:

M/NO _____

Member Name _____

ID Number _____

❖ Please pay Nominee _____

❖ Kshs in figure _____ in words _____

❖ Finance manager _____,signature _____,Date _____

FOSA

Cheque prepared by _____,signature _____,Date _____

Cheque Authorized by: _____,Signature _____,Date _____

Cheque Number _____,Amount _____,ID number _____

Name of the payee _____,Signature _____,Date _____

AUTHORITY TO CLOSE THE FILE

CEO'S SIGNATURE _____

DATE _____