

ACUMEN DT SACCO SOCIETY LTD

WITHDRAWAL FROM MEMBERSHIP FORM



ACUMEN DT SACCO
With Us You Are Sorted

FORM NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

ID NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

ACCOUNT NUMBER

MEMBER NUMBER

DATE OF WITHDRAWAL

SIGNATURE

ACUMEN DT SACCO

I WOULD WISH TO TERMINATE MY MEMBERSHIP WITH THE SOCIETY BY GIVING A 60 DAYS NOTICE OF MY INTENTIONS TO WITHDRAW COMMENCING TODAY

REASONS FOR WITHDRAWAL

I CONFIRM THAT I HAVE CLEARED ALL MY OUTSTANDING LOANS AND I HAVE SUBSTITUTED FOR ALL THE RUNNING OUTSTANDING LOANS THAT I HAVE GUARANTEED DURING THE PERIOD OF MY MEMBERSHIP. I FURTHER CONFIRM THAT I SHALL HAVE NO CLAIM FROM THE SACCO ONCE MY ACCOUNT HAS BEEN DULY CLOSED

MEMBERS SIGNATURE

DATE

FOR OFFICIAL USE ONLY

TOTAL SHARE DEPOSITS

LOAN BALANCES

OUTSTANDING GUARANTEES
AMOUNT

MATURITY DATE

CHECKED BY

DESIGNATION

SIGN

APPROVED BY

DESIGNATION

SIGN