



K-MET SAVINGS & CREDIT CO-OPERATIVE SOCIETY

P.O. Box 6805-40103

Kisumu-Kenya

Email: Kmet-sacco@kmet.co.ke

SACCO MEMBERSHIP WITHDRAWAL REQUEST

The Chairman,
KMET Sacco Ltd,
KISUMU

I do hereby request to withdraw my membership from KMET 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 KMET 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: MEMBER NO.....
ID NO/ PASSPORT NODEPARTMENT.....
MOBILE PHONE NO..... E-mail Address: (Personal).....

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

FOR OFFICIAL USE ONLY

PREPARED BY

AUTHORISED BY COMMITTEE (BOARD)

Staff Name.....

Chairperson..... Sign.....

Designation

Secretary..... Sign.....

Sign.....

Treasurer..... Sign.....

Date

Date Official Stamp.....