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MEMBERSHIP WITHDRAWAL REQUEST FORM

The Chief Executive Officer,
Defence Sacco Society Ltd,
NAIROBI.

1. MEMBER PERSONAL DETAILS (BLOCK LETTERS)

Name:M/No:
Service No: ID No: A/C No:
Bank A/C Name: Bank: Branch:
Service/Fmn/Unit: Mobile No:
Email Address:

I do hereby request to withdraw my membership from Defence SACCO Limited w.e.f
this being my written notice. The reason for my withdrawal is
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2. DECLARATION

I am FULLY aware that according to the by-laws of Defence 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. 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. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society’s By-laws and the Laws of Kenya.

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

Signature of Applicant: Date:

3. EMPLOYERS(UNIT) RECOMMENDATION

We recommend/ do not recommend this application to Defence SACCO for consideration.

Name: Designation: Signature:

4. FOR OFFICIAL USE ONLY

Received by: Svc No: Rank: Name: Sign: Date:

Checked by: Svc No: Rank: Name: Sign: Date:

Approved by: Svc No: Rank: Name: Sign: Date: