



CSSL/BRO/F/016

CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD

Head Office: Chai House, Ground Floor, Koinange Street.

P.O. Box 278 - 00200 City Square Nairobi Kenya.

Mobile: 0709808000 / 0709808100 /0709808101.

Email: info@chai-sacco.co.ke, Website: www.chai-sacco.co.ke

MEMBERSHIP WITHDRAWAL FORM

PERSONAL DETAILS

NAME	
PAYROLL NUMBER	
MEMBER NUMBER	BRANCH:
EMPLOYER'S NAME	
ID NO.	
MOBILE NO.	
EMAIL ADDRESS	

I _____ do hereby request to withdraw my membership from

Chai Sacco this being my written notice. The reasons for my withdrawal are:

Declaration by member I am fully aware that:

3. The withdrawal will not be processed until all outstanding loans if any have been cleared and all the loans I have guaranteed cleared or my guarantorship replaced.
4. The share capital investment shall be held by the Society as my investment. However, I have the right to sell or transfer the shares to another member. The minimum share capital is Kshs. 30,000.
5. The withdrawal will be paid after 60 days of the withdrawal notice.

I undertake to follow up with members I have guaranteed loans to ensure full repayment or replacement of my guarantorship to facilitate the processing of membership withdrawal.

Signature _____ **Date** _____

OFFICIAL USE ONLY

Verified by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date and Stamp _____