

VERSION: B

CHAI SACCO SOCIETY LIMITED

Head Office: Chai House, Ground floor, Koinange Street P.O Box 278-00200, City Square Nairobi Kenya Customer Care: 0709 808100/ 0709 808101

Email: info@chai-sacco.co.ke

Website: www.chai-sacco.co.ke

REVISION: 01

MEMBERSHIP WITHDRAWAL FORM

PERSONAL DETAILS		
NAME		
PAYROLL NUMBER		
MEMBER NUMBER		BRANCH:
EMPLOYER'S NAME		
ID NO.		
MOBILE NO.		
EMAIL ADDRESS		
		do hereby request to withdraw my membership from
Chai Sacco this being my wr	tten notice. The reasons for r	ny withdrawal are:
Declaration by member I ar	n fully aware that:	
•	•	ling loans if any have been cleared
	uaranteed cleared or my guar	•
. The share capital investm	nent shall be held by the Socie	ety as my investment. However, I have
the right to sell or transfe	r the shares to another memb	er. The minimum share capital is Kshs. 30,000.
. The withdrawal will be p	aid after 60 days of the withd	rawal notice.
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 w	rithdrawal.
Signature		Date
	OFFICIA	AL USE ONLY
Verified by:	Sign	Date