

CSSL/BRO/F/032



**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](mailto:info@chai-sacco.co.ke), Website: [www.chai-sacco.co.ke](http://www.chai-sacco.co.ke)**

**PREFERENTIAL DEPOSIT WITHDRAWAL FORM**

**PERSONAL DETAILS**

|               |  |         |
|---------------|--|---------|
| NAME          |  |         |
| MEMBER NUMBER |  | BRANCH: |
| ID NO.        |  |         |
| MOBILE NO.    |  |         |
| EMAIL ADDRESS |  |         |

I do hereby request to withdraw my preferential deposits. The reason for my withdrawal is:

A. Partial Withdrawal ☐

B. Full Withdrawal ☐

(Please tick only one) Amount withdrawn:

Figures..... Words.....

**Declaration by member.**

I am fully aware that:

- b) The withdrawal will not be processed until any outstanding self-guaranteed loan if any have been cleared.
- b) Members can access their preferential deposits within a 1-week notice period. For partial withdrawals done more than once in the same month, a charge of Kes 1,000 will apply per subsequent draw-down.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**VERSION C**

**REVISION 00**

**OFFICIAL USE ONLY**

**Verified by:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date and**  
**Stamp** \_\_\_\_\_

**VERSION C**

**REVISION 00**

