



CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD
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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(Please tick only one) Amount withdrawn: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 _____

OFFICIAL USE ONLY

Verified by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date and
Stamp _____

VERSION C

REVISION 00

