

**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](mailto:info@chai-sacco.co.ke)Website: [www.chai-sacco.co.ke](http://www.chai-sacco.co.ke)**CSSL/BRO/F/055****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A. Partial Withdrawal ☐B. Full Withdrawal ☐**(Please tick only one)****Amount withdrawn:**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:

- a) 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: B

Revision:01