



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

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Amount withdrawn: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) The withdrawal will be paid after 60 days of the withdrawal notice.

Signature _____ Date _____

OFFICIAL USE ONLY

Verified by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date and Stamp _____