

Savings & Credit Cooperative Society

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Email:chosengenerationsacco@gmail.com

The Chairperson,	
Chosen Generation Sacco Ltd,	
Branch	Date:
REF: MEMBERSHIP WITHDRA	WAL REQUEST
I	
Applicant's Signature	DNLY
·	Y7. 1
Date of registration	: Kshs
Date of withdrawal request	: Kshs
Total savings (as of date of request of withdrawal)	: Kshs
Total number of shares owned by applicant (non-refundable)	: Kshs
Unpaid dividends/interests	: Kshs
Uncleared administration fees (to be deducted)	: Kshs

of the member's satisfaction of all the finance requir	ements of the	SACCO, I hereby a	pprove for the
clearance of the withdrawal request.			
NameS	ignature	Date	
Clearance by the Credit Committee			
Outstanding short term loan balance (to be deducted Outstanding emergency loan balance (to be deducted Outstanding development loan balance (to be deducted All guaranteed loans by applicant have been cleared replacement guarantors have been sufficiently provided in the	ed) : cted) : d or ided for? :	KshsYes	
I have assessed the credit information of the applicar			
of the member's satisfaction of all the credit requirer			
of the withdrawal request.		, , ,	
NameS	ignature	Date	
Clearance by office manager	8		
,			
Total savings less all deductibles	: Kshs		
Total outstanding loan balances	: Kshs		• • • • • • • • • • • • • • • • • • • •
Account closure fees (5% of net savings balance)	: Kshs		
Money transfer charges	: Kshs		
Amount due for refund	: Kshs		
Applicant	's Declaration	1	
I	`	ll names) of Kenyan	
numberand Chosen Generation SA having requested to terminate my membership with this request, hereby acknowledge and confirm the re(in words)	Chosen Genera ceipt of Kshs ((in figures)	tive from the date of
disbursed in the form of	ne full refund on firmed to be CCO limited an	of my savings less a accurately recorded nd I am no longer a	all deductions and a. As such, I have fully beneficiary of the
This transaction was completed before the witness of	f		
of national ID number(cop	y attached) an	nd phone number	
Signature	Date		
And confirmed by the SACCO representative in char	rge		
Name	Signature		Date

I have assessed the savings information of the applicant of this withdrawal request and having been satisfied