

ADVENTIST SACCO SOCIETY LTD.

P.O. BOX 41352 – 00100, NAIROBI. TEL: 020 – 3580646/7 OR 020 – 7122711

MEMBERSHIP WITHDRAWAL FORM

**THE HON, SECRETARY,
P.O. BOX 41352 – 00100,
NAIROBI.**

I hereby make an application for membership withdrawal due to the following reason
(Please tick one).

- 1) Voluntary Withdrawal
- 2) Termination of Employment (Employer’s Letter to be attached)
- 3) Permanent Disability (Doctor’s Letter to be attached)
- 4) Other Reasons
- 5) Retirement

FULL NAME: _____

MEMBERSHIP No.: _____ NATIONAL I.D. No.: _____

NAME OF INSTUTION: _____

PRESENT ADDRESS: _____

HOME ADDRESS: _____

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICIAL USE ONLY

- 1. DATE OF MEMBERSHIP _____
- 2. TOTAL DEPOSITS KSHS. _____ / _____
- 3. LOAN BALANCE KSHS. _____ / _____
- 4. INTEREST BALANCE PAYABLE KSHS. _____ / _____
- 5. OFFSET FEE CHARGES KSHS. _____ / _____
- 6. ADMINISTRATION CHARGE KSHS. _____ / _____
- 7. AMOUNT DUE / OWED TO SOCIETY KSHS. _____ / _____

Amount Due / Owed to Society in words _____

NB: In case you are a guarantor to any loan, kindly fill an alternative guarantor form for replacement.

CHECKED BY: MANAGER _____ SIGNATURE _____ DATE _____

APPROVED BY: CREDIT COMMITTEE – MINUTE NUMBER _____ DATE _____

CHAIRMAN

SECRETARY

MEMBER