



ADVENTIST SACCO SOCIETY LTD.

P.O. BOX 41352 – 00100, NAIROBI. TEL 0777900074

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WITHDRAWABLE SAVINGS REFUND FORM

MEMBER NAME _____

ID No. _____ MEMBER No. _____ INSTITUTION _____

BANK A/C No _____ BRANCH _____

BANK _____ MOBILE No. _____

I wish to withdraw; Kshs. _____ (Amount in Figures)

Amount in Words _____

From my Withdrawable Savings Account.

- MASOMO ACCOUNT (NB: MINIMUM BALANCE 1,000/=)
- HOLIDAY ACCOUNT (NB: MINIMUM BALANCE 500/=)
- KID-SAVE ACCOUNT (NB: MINIMUM BALANCE 500/=)
- DIVIDENDS & INTEREST (NB: NO MINIMUM)

And I authorize the payment to be made thro:

- Direct bank Transfer to the bank account given above
- Vide Society cheque payable to _____
- Send via M-PESA (Member to incur charges) Signature;

Applicant's Signature _____ Date _____

FOR OFFICIAL USE

Received By: _____ Date _____

Recommended Amount Kshs. _____

APPROVAL BY THE MANAGER

Amount Approved Kshs. _____

Date _____

Signature _____