

**HOMA BAY COUNTY WOMEN SACCO
MEMBERSHIP WITHDRAWAL FORM**

PERSONAL DETAILS

| | |
|---------------|--|
| NAME | |
| MEMBER NUMBER | |
| BRANCH | |
| GROUP NAME | |
| ID. NUMBER | |
| MOBILE NUMBER | |
| EMAIL ADDRESS | |

I _____ do hereby request to withdraw my membership from Homa Bay County Women Sacco this being my written notice. The reasons for my withdrawal are: _____

Declaration by member

I am fully aware that:

- a. The withdrawal will not be processed until all outstanding loans, if any, have been cleared and all the loans I have guaranteed cleared or my guarantorship replaced.
- b. The share capital investment shall be held by the Society as my investment. However I have the right to sell or transfer the shares to another member. The minimum share capital is Kshs. 5,000.
- c. The withdrawal will be paid after 90 days of the receipt of this withdrawal notice at the head office.
- d. I will be charged withdrawal penalty as per the Sacco by-laws
- e. Should I wish to rejoin the Sacco, an applicable rejoining fees will apply as per bylaws.

I undertake to follow up with members I have guaranteed loans to ensure full repayment or replacement of my guarantorship to facilitate the processing of membership withdrawal.

Signature _____ Date _____

OFFICIAL USE ONLY

Verified by: _____ Sign _____ Date _____
Approved by: _____ Sign _____ Date and Stamp _____

ATTACHMENTS:

1.ID Copy(s) 2. Group Minutes 3.Passbook(s) 4. Member Statement 5.Burial permit/Death Certificate (if refunding to next of kin).

MEMBERSHIP WITHDRAWAL FORM HOMA BAY COUNTY WOMEN SACCO SOCIETY
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homabaycountywomensacco@gmail.com