



The Chief Executive Officer, Po
Box 19074, 00501 NAIROBI.

RE: APPLICATION TO WITHDRAW MY DEPOSITS

I wish to withdraw my deposits less my dues and process cost with effect from -----

Inform the payroll Officer to stop effecting any deductions as per my instructions above.

My reason for withdrawing is as follows: -----

FULL NAME-----

COMPANY-----

DEPARTMENT-----

TELEPHONE NO -----

S/NO. -----

DURATION OF MEMBERSHIP: FROM-----TO-----

SIGNATURE-----DATE -----

FOR OFFICIAL USE ONLY

Please note the following:

1. All guarantors must be replaced
2. Deposits should be more than the loans and process cost
3. Refunds maturity period is 60 days from the date of withdrawal

Manager's comment-----

SIGNATURE-----

DATE -----