



**KENCREAM SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**WITHDRAWAL FORM**  
**(COMPLETE THIS FORM IN BLOCK LETTERS)**

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Address.....

Date.....

The Chief Executive Officer,  
Kencream Sacco Society Limited,  
P.O Box 30131-00100.  
NAIROBI.

**RE: APPLICATION TO WITHDRAW FROM KENCREAM SACCO SOCIETY LIMITED.**

(Please attach copy of ID card)

**PART I: TO BE FILLED BY THE APPLICANT**

I am giving Kencream Sacco Society Limited 60 days notice to withdraw my deposits from the Society with effect from.....

1. Reason for withdrawal (state briefly)

.....  
.....

2. Member's current particulars

Full names.....P/No.....

Department.....ID/No.....

Membership No. ....Signature.....

Telephone No.....

**PART II: DECLARATION BY THE MEMBER**

I hereby do declare:

- i) That I have not guaranteed any members loan(s) whose balance(s) to date is more than his /her shares.
- ii) That I have no outstanding loan with the society.
- iii) That I have attached the necessary documents required above for the purpose of expediting my refund and that the signature appearing in part I(2) above is my is my genuine signature.
- iv) That I will not blame the society for delay in processing my refund if the information given to the society by me is false.

**PART III: BRANCH CHAIRMAN/SECRETARY/TREASURER ENDORSEMENT**

We do hereby confirm that the above applicant comes from our branch

Branch Chairman (Name) .....Signature.....M/No.....

Branch Secretary (Name) .....Signature.....M/No.....

Branch Member (Name) .....Signature.....M/No.....