

**SACCO MEMBERSHIP WITHDRAWAL REQUEST**

The Chairman,  
Acumen Sacco Ltd,  
P.O.Box 1325-00200,  
NAIROBI.

I do hereby request to withdraw my membership from Acumen Sacco Society Ltd w.e.f..... this being my written notice. The reason for my withdrawal is..... I am fully aware that according to the by-laws of Acumen Sacco states that a member may at any time withdraw from the society by giving a written notice of sixty (60) days. No member will be allowed to withdraw from the Sacco before clearing all loan balances if any; and thereafter the notice period, a member shall be refunded his monies within 30 days.

I undertake to follow-up on the members I have guaranteed to ensure that I have been fully replaced. Otherwise, the society will continue to hold on my deposits until the loan guaranteed have been fully settled.

**Personal Account Details**

FULL NAMES.....MEMBER NO.....

ID/PASSPORT NO.....MOBILE NO.....

E-MAIL ADDRESS(PERSONAL).....

SIGN.....

DATE.....

I hereby make an application to withdraw from the Sacco and agree to conform to Acumen Sacco Society Ltd by-laws and amendments thereof.

**FOR OFFICIAL USE ONLY**

**PREPARED BY:**

Staff Name.....

Designation.....

Sign.....

Date.....

**AUTHORIZED BY COMMITTEE (BOARD):**

Chairperson.....Sign.....

Secretary.....Sign.....

Treasurer.....Sign.....

Date.....Official Stamp.....