



KENBANCO HOUSE
4th Floor Ext 1 Moi Avenue
P. O BOX 4436-00100 NAIROBI

Kanyakla Wanyalo!!

TEL: +254 748 189147
membership@jokanyanam.com
jokanyanamsacco@jokanyanam.com

SACCO MEMBERSHIP WITHDRAWAL REQUEST

I do hereby request to withdraw my membership from JOWES Sacco with effect from _____ this being my written notice. The reason for my withdrawal is _____

I am FULLY aware that according to the by-laws of JOWES Sacco section 7 and 8: 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 Society before clearing all loan balances if any; and; thereafter, the notice period, a member shall be refunded her monies within 30 days.

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

Personal Account Details

FULL NAMES (as appears on identification document): _____

MEMBER NO _____ ID NO/PASSPORT NO _____

MOBILE PHONE NO: _____ E-mail Address: _____

I would like to receive my deposit through:

Bank Name and Branch: _____

Account Number or Mpesa No: _____

I hereby make an application to withdraw from the Sacco and agree to conform to JOKANYANAM WOMEN EMPOWERMENT SACCO SOCIETY by-laws

Member Signature: _____

FOR OFFICIAL USE ONLY

CHECKED BY STAFF and AUTHORISED BY MANAGEMENT COMMITTEE

Checked by _____

Authorised By _____

Designation _____

Designation _____

Signature _____

Signature _____

Date _____

Date _____