

Empowerment Development Security

P.O. Box 47815-00100, NAIROBI, TEL. No. 343822 (Pilot), 0700-549854, 0736-581749, FAX: +254 (020)2216326 Email: info@harambeesacco.com

Website: www.harambeesacco.com

WITHDRAWAL FORM

Address:		
Date:		
The Chief Executive Officer, Harambee Sacco Society Limited, P.O. Box 47815 – 00100, NAIROBI.		
RE: APPLICATION TO WITHDRAW (Please attach copies of ID Card, last pay-slip)		
PART I: TO BE FILLED BY THE APP I am giving Harambee Sacco Society Li Society with effect from	mited 60 days notice to withd	
(a) Reason for withdrawal (state briefly))	
(b) Member's current particulars		
Full Names		
Ministry		
Membership No Telephone No		
PART II: DECLARATION BY THE M	EMBER	
I hereby do declare:		
 i) That I have not guaranteed any members' ii) That I am not a defaulter to any previous Id iii) That I have attached the necessary docum and that the signature appearing in Part I id iv) That I will not blame the Society for delay id by me is false. 	oan(s) granted to me by the society ents required above for the purpos (b) above is my genuine signature	e of expediting my refund
PART III: BRANCH CHAIRMAN / SE	CRETARY / TREASURER EI	NDORSEMENT
We do hereby confirm that the above applica		
Branch Chairman (Name)		
Branch Treasurer (Name)		
Branch Secretary (Name)	Signature	M/No