



Eagle's Eye SACCO LTD

P.O Box 3809 - 01002, THIKA
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Email: eagleseyesacco@yahoo.com

MEMBERSHIP WITHDRAWAL FORM

I.....of I.D No.....
Membership No.....of P.O.BOX.....
From.....Department hereby
Today.....day of.....wish to notify Eagle's Eye Sacco to the effect of my
withdrawal as a member by giving a 60 Days notice and that I apply for the refund of my
deposits of Kshs.....and notify that I have no outstanding loan balance

I also state that I have not guaranteed any loan subject to confirmation from the office.

Reason for withdrawal

.....
.....

Signature:..... Date:.....

For official use only

Receiving officer.....Date.....Sign.....

Total Deposits to date: Kshs.....

Loan balance: Kshs..... Interest: Balance:Kshs.....

Amount Refundable:

Total Deposits: KSHS.....

Withdrawal Fee: KSHS:.....

NET PAYABLE: KSHS.....

Approved Not approved

Signature; Chairman.....

Secretary.....

Treasurer.....