



GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 058-2030357; FAX: 058-2031021 KISII.
Website: <http://www.gusii-mwalimu-sacco.co.ke> ; Email Address: info@gusii-mwalimu-sacco.co.ke

WITHDRAWAL FORM

❖ MEMBER DETAILS:

FULL NAMES: _____ ID.NO: _____

P.NO:/TSC No: _____ M.NO: _____ TEL.NO: _____

Date of Employment: _____ SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

❖ REGISTRY OFFICE:

REMARKS _____

SIGNATURE _____ DATE _____

❖ ACCOUNTS:

DEPOSITS (EXCL. SHARE CAPITAL KSHS 20,000)	
LOANS BALANCE/OVERPAYMENT	
INTEREST CHARGED/OVERPAID	
WELFARE	
NET PAYABLE (EXCL. SHARE CAPITAL)	

SIGNATURE _____ DATE _____

❖ AUDIT:

TOTAL AMOUNT PAYABLE KSHS. _____

REMARKS _____

SIGNATURE _____ DATE _____

❖ EXECUTIVE COMMITTEE:

APPROVED/DISAPPROVED VIDE MIN: NO: _____

SIGNATURE _____ DATE _____

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NOTICE TO WITHDRAW FORM [SACCO ACT REGULATIONS(Reg.22(3))]

(Member's Details)

Full Names: _____

P.O. Box _____

Mobile No: _____

Date: _____

THE CHIEF EXECUTIVE OFFICER
GUSII MWALIMU SACCO SOCIETY LIMITED
P.O.BOX 1335-40200
KISII.

Dear Sir,

RE: NOTICE TO WITHDRAW FROM THE SACCO

I (NAMES) _____ P.NO./TSC NO: _____

MNO: _____ ID.NO: _____ WISH TO HEREBY

GIVE NOTICE TO WITHDRAW MY DEPOSITS FROM THE SACCO WITHIN A PERIOD OF SIXTY (60) DAYS.

REASON FOR WITHDRAWAL: RETIRED VOLUNTARY OTHER _____

YOURS TRULY

FULL NAMES: _____

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

RECEIVED BY: _____ SIGN: _____ DATE: _____

CHIEF EXECUTIVE OFFICER: _____ DATE: _____