



K-NAD SACCO

KENYA NORTH AMERICA
DIASPORA SACCO

KENYA NORTH AMERICA DIASPORA SACCO SOCIETY LIMITED

Tel: +254 714 917 049

Parklands 6th Avenue, Muthaiga court, house No 14.

E-mail: members@knadsacco.com

Date.....

MEMBERSHIP WITHDRAWAL FORM

A. To Be Completed By The Member:

Members Name.....

Membership No

Please give Reason(s) for withdrawal from SACCO

.....
.....

ID No / Passport

Signature

Do you want to retain or transfer your Share Capital? If yes, please fill the share capital transfer form.

Members /recipient bank account details.

Account Name:

Account Number: Bank

Branch

B. To Be Completed By The KNAD Sacco Society Office

Member's current deposits Kshs

Member's loan balances Kshs

Guaranteed amounts to other members Ksh.....

Others Kshs.....

Signature.....

Bank Transfers

Net amount payable Kshs (In words)

In figures.....

Prepared by: Signature.....-

Date.....

Comment.....