



# NEW MILIMANI SACCO TOGETHER WE CONQUER

0719 779 306

JUNCTION TRADE CENTRE 7TH FLOOR ACCRA ROAD

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## NMS MEMBERSHIP, SAVINGS, SHARES DEPOSIT & HOUSING SHARES WITHDRAWAL FORM

I/We .....(Tick) Individual/Group/Partnership/Church/Company Member No.....Branch.....Hereby submit my /our( 60) days' notice for Membership withdrawal from Nms.

I/We are aware that I/We shall only be allowed to withdrawal My/Our Nms Membership after clearing all My/Our outstanding Liabilities. I/We kindly request you to offset My/Our loan(s) against My/Our Savings, Shares Deposit, Interest, Dividends, Housing Shares ,My Terminal benefits and then process a refund of the balance less 1%Withdrawal charges.

**Reason(s) for Membership Withdrawal from Nms. Please tick the applicable box below;**

<input type="checkbox"/>	I have relocated my business to a different geographical region.
<input type="checkbox"/>	I could not find guarantors to enable me to be issued with a loan.
<input type="checkbox"/>	I am unhappy with the services offered by the Sacco.
<input type="checkbox"/>	The Sacco rules are different from the ones I got during Membership introduction.
<input type="checkbox"/>	The Sacco charges are too high.
<input type="checkbox"/>	The loan repayment period is too short
<input type="checkbox"/>	The loan processing takes longer than expected.
<input type="checkbox"/>	Non collection of cash by my field officer.

I/We undertake to follow-up on the members whose loan(s) I have guaranteed to ensure that I/We have been fully replaced. Otherwise the Sacco will continue to hold on to My/Our savings until the loans guaranteed have been fully cleared.

**Preferred Disbursements Mode (Tick one)**

**Cheque Payment**

**Cash**

**Bank Transfer**

**M-pesa**

I/We..... have completed this form accurately and in full. I /We have received sum of (KShs) In figures .....  
In Words.....

Name.....ID No.....Mobile No.....Sign.....  
Name.....ID No.....Mobile No.....Sign.....  
Name.....ID No.....Mobile No.....Sign.....

### OFFICIAL USE ONLY

**Prepared by:** Name:.....Designation:.....Signature.....Date: \_\_/\_\_/20\_\_

**Document Prepare:** Name:.....Designation:.....Signature:.....Date \_\_/\_\_/20\_\_

**Document Approve:** Name:.....Designation:.....Signature:.....Date \_\_/\_\_/20\_\_

**Confirmed by:** Name.....Designation.....Signature.....Date \_\_/\_\_/20\_\_

**Approved by:** Name.....Designation.....Signature.....Date \_\_/\_\_/20\_\_

**Voucher No.....Voucher Book No.....**

**TERMS AND CONDITIONS APPLY AND SIGNED COPY (S) OF I/D SHOULD BE ATTACHED**