



NEW MILIMANI SACCO

TOGETHER WE CONQUER

JUNCTION TRADE CENTRE 7TH FLOOR ACCRA ROAD

Email: info@newmilimanisacco.com, www.newmilimanisacco.com

0719 779 306

SACCO MEMBERSHIP WITHDRAWAL NOTICE

Member Personal Account Details

MEMBER NAME.....ID NO.....
 MOBILE NUMBER.....MEMBER NO.....
 EMAIL ADDRESS.....MEMBER SAVINGS.....
 LOAN BALANCE.....MEMBER SHARES.....BRANCH.....

I hereby confirm that I wish to withdraw from Membership of New Milimani Sacco Limited for the following reason:

I UNDERSTAND that according to section 15 of New Milimani Sacco By-Laws, a member may at any time withdraw from the society by giving written notice of Sixty (60) working days. After which the request will be forwarded to the relevant committee for approval. Subsequently, the member shall be communicated to regarding the day when the payments shall be done. Subject to any liabilities that the member may have.

I UNDERSTAND THAT New Milimani Sacco may continue to retain my Loan Guaranteed Fund Deposits until all liabilities have been settled in full.

I REQUEST that this completed form be accepted by New Milimani Sacco as the required Notice of 60 days which will commence from the date hereof.

I hereby apply to withdraw from New Milimani Sacco and agree to conform to New Milimani Sacco's By Laws and amendment thereof.

Signature of Applicant (within the box)

CHECKED BY

AUTHORIZED BY

Staff Name.....Name.....

Designation.....Designation.....

Signature.....Signature.....

Date.....Date.....