

Membership Withdrawal Request Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

The Secretary
 QONA SACCO Ltd
 Box 2392, 00600, Sarit
 Tel: 0111 222 226/7

I do hereby request to withdraw my membership from QONA SACCO Limited with effect from _____ this being my written notice.

A: REASON FOR MY WITHDRAWAL...

- | | | | |
|---------------------------------|--|---|--|
| Loan Requirement Not Met | <input type="checkbox"/> Lack of Guarantors | <input type="checkbox"/> Insufficient Securities | <input type="checkbox"/> Loan Declined |
| Financial Constraint | <input type="checkbox"/> Poor Business Performance | <input type="checkbox"/> Unstable Income | |
| Loss of Income | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Retired | <input type="checkbox"/> Redundancy |
| Loan Pay Off | <input type="checkbox"/> Clear Loan Balance | | |
| Poor Customer Service | <input type="checkbox"/> Poor Services Rendered | <input type="checkbox"/> Email Not Answered | <input type="checkbox"/> Phone Not Answered |
| Join New SACCO | <input type="checkbox"/> Job Change | <input type="checkbox"/> Can't be in two SACCOs | <input type="checkbox"/> New SACCO Has Better Products |
| Pursue Personal Interest | <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Pay School Fees | <input type="checkbox"/> Medical Use |
| | <input type="checkbox"/> Venture in other investments | <input type="checkbox"/> Access Savings for Personal Use & Rejoin Again | |
| | <input type="checkbox"/> Other Commitments (Specify) _____ | | |

I am FULLY aware that according to the by-laws of QONA SACCO states that: A member may at any time withdraw from the society by giving a written notice of **sixty (60) days**. No member will be allowed to withdraw from the Society before clearing all loan balances if any; and thereafter the notice period, a member shall be refunded his monies within 60 days

I undertake to follow-up on the members whose loans I have guaranteed to ensure that I have been fully replaced. Otherwise, the society will continue to hold on to my deposits until the loans guaranteed have been fully replaced. Member is also advised to cancel any DDA once the account is closed, and the SACCO will not be liable to any bank charges.

B: PERSONAL ACCOUNT DETAILS...

Full Name: Staff No:

ID No Passport No:

Department Duty Station:

Mobile No: Work Telephone:

Email Address (Personal):

The funds once credited to the member FOSA account can be accessed using the USSD/ Funds transfer option on the Portal or request for EFT. I hereby make an application to withdraw from the SACCO and agree to conform to QONA SACCO by-laws and any amendment thereof

Signature of Applicant: Date:

FOR OFFICIAL USE ONLY

CHECKED BY

Staff Name _____
 Designation _____
 Signature _____
 Date _____

AUTHORISED BY COMMITTEE

Staff Name _____
 Designation _____
 Signature _____
 Date _____