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**RELI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD**

**Tel. 0727-796-323, 0729-210-867 HEAD OFFICE**

**Email:info@relisacco.co.ke P.O. BOX 55541**

 **NAIROBI**

**NOTIFICATION OF WITHDRAWAL AND UNDERTAKING TO THE RELI SOCIETY**

I hereby request to withdraw my membership from Reli Sacco society limited with effect from……………………………………. this being my written notice.

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| **MEMBER PERSONAL DETAILS.** |

Name(s)…………………………………………………………………………………………………………………………………………………….

Check Number…………………………………………………….…ID Number…………………………………………………………………

Employer Name ………………………………………………………. Phone number…………………………………………………......

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| **REASON(S) FOR WITHDRAWAL (please tick where appropriate)** |

 Account moved to another Sacco.

 Unable to remit minimum monthly deposits.

 Dissatisfied with service/ product features, please specify……………………………………………………………………………………………………………………………………………………....

 Resigned/left employment/non-pensionable

Other, please specify……………………………………………………………………………………………………………………………………………………….

Would you consider rejoining Reli Sacco at a future date? Yes No

Would you recommend Reli Sacco membership to your colleagues? Yes No

Kindly indicate how you would like our services improved…………………………………………………………………………………………………………………………………………………..........................................................................................................................................................................

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| **DECLARATION BY THE MEMBER.** |

I hereby do declare:

1. That I am FULLY aware that according to the by-laws of Reli Sacco Society limited, a member may at any given time withdraw from the society by giving a written notice of sixty (60) days.
2. That the share capital is not refundable but is transferable to other members on willing buyer-willing seller undertaking.
3. That I am not a defaulter to any previous loans granted to me by the society.
4. That 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/paid.
5. That I will not blame the society for delay in processing my refund if the information provided to the society by me is FALSE or found INCORRECT.

The savings in the account after the recovery of any loan balance, outstanding interest any other charges should be paid to the following account

Account Name…………………………………………………………………………………………………………………………………….

Bank Name…………………………………………………………. Branch………………………………………………………………….

Account Number…………………………………………………………………………………………………………………………………

Signature of the applicant…………………………………………………. Date……………………………………………………….

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| **FOR OFFICIAL USE ONLY.** |

**Checked/Verified by (registry):** **Certified for refund by:** (**loans office)**

Staff Name………………………………………………… Name………………………………………………………

Comments…………………………………………………. Comments………………………………………………

Signature……………………………………………………. Signature……………………………………………….