



KANISA REGULATED NON-WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

All Africa Conference Churches compound, Opp. Safaricom House, Waiyaki Way.
P.O. Box 1225, 00606, Westlands, Nairobi, Kenya Tel: 0714-612049/0780612049
Email: info@kanisa-sacco.org Website: www.kanisa-sacco.org

DEPOSITS WITHDRAWAL FORM

TO: The Chief Executive Officer,
Kanisa Regulated Non-WDT SACCO Society,
P. O. Box 1225-00606,
Nairobi, Kenya.

I _____ Membership Number _____

ID No. _____ Tel/Mobile _____ hereby make an application
to withdraw my Deposits from Kanisa SACCO due to the following reason(s): *(Tick as appropriate)*

- Loss of income/employment
- Reduction of income
- Health emergency/ Medical bills
- Change of employer
- Relocating outside the country
- Other (Specify): _____

- Transferring to another SACCO
- Capital to start or boost a business
- Meet basic needs (Domestic consumption)
- Unsatisfied with products & services
- School fees for self or children

I have guaranteed the following loans:

No	Name	Amount Guaranteed	Balance
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Kindly process my refund and any other future earnings, payable to:

Name _____
 Address _____
 Bank & Branch _____
 Account Number _____
 Mobile/MPesa Number _____

Signature: _____

Date: _____

FOR SOCIETY USE ONLY

STATEMENT OF MEMBER’S TRANSACTION WITH THIS SOCIETY FROM

..... **TO**

GUARANTEED

TOTAL DEPOSITS **KES**

ADDITIONS [DR]: **KES**

Dividend payable **KES**

Insurance claims **KES**

Funeral Expenses Receivable **KES**

Loans refunds **KES**

Interest **KES**

Others **KES**

TOTAL DEPOSITS + ADDITIONS **KES**

DEDUCTIONS [CR]: **KES**

Loans **KES**

Interest **KES**

Insurance Premiums **KES**

Guarantor ship Liability **KES**

Bank Charges **KES**

Others **KES**

TOTAL DEDUCTIONS + PAYMENTS **KES**

NET PAYMENT DUE TO THE MEMBER **KES**

Cheque Number: Amount: **KES**

Prepared by: Date:

Checked by: Date:

Collected by: Date: