



The Chief Executive Officer, Po  
Box 19074, 00501 NAIROBI.

**RE: APPLICATION TO WITHDRAW MY DEPOSITS**

I wish to withdraw my deposits less my dues and process cost with effect from -----

Inform the payroll Officer to stop effecting any deductions as per my instructions above.

My reason for withdrawing is as follows: -----

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FULL NAME-----

COMPANY-----

DEPARTMENT-----

TELEPHONE NO -----S/NO. -----

DURATION OF MEMBERSHIP: FROM-----TO-----

SIGNATURE-----DATE -----

**FOR OFFICIAL USE ONLY**

**Please note the following:**

1. All guarantors must be replaced
2. Deposits should be more than the loans and process cost
3. Refunds maturity period is 60 days from the date of withdrawal

**FOR OFFICIAL USE**

**Manager's comment**-----

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**SIGNATURE**----- **DATE** -----

**STATUS CHANGED**

**NAME**.....**SIGNATURE**.....**DATE**.....