



RUBANI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD
 RUBANI HOUSE, OFF AIRPORT NORTH ROAD EMBAKASI, P.O. BOX 57509 NBI
 Tel: +254-707-806-577, email:rubanisacco@gmail.com

MEMBERSHIP WITHDRAWAL FORM			
NAME			
EMAIL ADDRESS		ID/PASSPORT NO	
DATE OF BIRTH		PHONE NUMBER	
EMPLOYER		STAFF NUMBER	
BANK NAME			
BRANCH NAME		ACCOUNT NUMBER	

I hereby make application for Withdrawal from RUBANI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD and agree to abide by the Society’s Bylaws and any subsequent amendments thereof concerning the withdrawal process.

Kindly arrange to refund my savings after deducting any amount owed to the Society and inform my employer to stop effecting any deductions as per my instructions above.

REASON FOR WITHDRAWAL

SIGNATURE	DATE

WITHDRAWAL APPROVAL (OFFICIAL USE ONLY)	
Approved/Not approved (delete as appropriate)	
SAVINGS	
OUTSTANDING LOAN	
GUARANTOR STATUS	
REFUND AMOUNT	