



# **UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED**

UBORA SACCO LTD | P.O Box 54974-00200 NAIROBI, | Tel 254-20-6948443/305/261 | ubora@kebs.org

## **MEMBERSHIP WITHDRAWAL FORM**

### **PERSONAL DETAILS**

Name	
Member number	
Payroll number	
Employers name	
Id number	
Mobile number	
Email address	

I ..... do hereby request to withdraw my membership from Uborasacco, this being my written notice. The reasons for my withdrawal are:

.....  
.....

### **Declaration by member**

I hereby agree that:

- The withdrawal will not be processed until all my outstanding loans if any have been cleared and all the loans I have guaranteed cleared or my guarantorship replaced.
- The share capital investment shall be held by the Society as my investment. However, I have the right to sell or transfer the shares to another member.
- The withdrawal will be paid within 60 days of this withdrawal notice.

Signature ..... Date .....

### **OFFICIAL USE ONLY**

Verified by: ..... Sign: ..... Date: .....

Approved by: ..... Sign: ..... Date: .....