



B.A.T Sacco Limited  
 P O BOX 30000 - 00100  
 Nairobi Kenya  
 Tel: 0711062425/357/365

**WITHDRAWAL FORM**

I do hereby request to withdraw my membership from BAT Sacco Limited W.E.F \_\_\_\_\_ this being my written notice. The reason for my withdrawal is \_\_\_\_\_

I am FULLY aware that according to the by-laws of BAT Sacco states that: A member may at any time withdraw from the society by giving a written notice of sixty (60) days. No member will be allowed to withdraw from the Society before clearing all loan balances if any; and thereafter the notice period, a member shall be refunded his monies within 60 days. 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. I am also FULLY aware that the share capital is not refundable but is transferrable to new or existing members.

**Personal Account details**

Full Names: \_\_\_\_\_ Member No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

Account Name: \_\_\_\_\_ Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of the applicant (within the box)

**OFFICIAL USE ONLY**

Savings

1	Deposits			Imara		2	Jijenge	
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Loans

1	Development loan		6	Jiinue loan		11	Electronics loan	
2	Refinance loan		7	Jitegemee loan		12	Special products	
3	Super Dev loan		8	Mkopo wa Deposit		13	Advance	
4	Jiendeleze loan		9	Motorvehicle loan		14	Mobi Loan	
5	Flexi loan		10	Mega loan		15	Premier Loan	

Total Amount payable less all loans, outstanding interest, and charges **Kshs** \_\_\_\_\_

Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Checked by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Committee Approval**

Name ..... Signature.....Date.....

Name ..... Signature.....Date.....

**FINAD Committee Approval**

Name ..... Signature.....Date.....

EFT Bank \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_