

TO THE CHAIRMAN
BAT SACCO LTD
P.O .Box 30000-00100
NAIROBI.

JIJENGE SAVINGS WITHDRAWAL REQUEST FORM.

IPayroll/No.....

Hereby wish to withdraw ksh (in figures).....(in
words)
from my jijenge savings account.

Bank Details: Account name..... Bank name.....
Branch..... Account No.....

Applicant Signature _____ Date _____

OFFICIAL USE ONLY

Current Balance _____

Withdrawal Amount _____

Balance after Withdrawal _____

EFT Bank _____ Amount _____ Date _____