



SETYON DT SACCO LTD
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MEMBERSHIP WITHDRAWAL & SHARE CAPITAL TRANSFER FORM

SECTION A: MEMBER DETAILS

Member's Full Name: _____

Membership Number: _____

National ID/Passport Number: _____

Mobile Number: _____

Email Address: _____

Postal Address: _____

Date of Joining SACCO: _____

SECTION B: REASON FOR WITHDRAWAL

- | | |
|--|--|
| <input type="checkbox"/> Voluntary withdrawal | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Joining another SACCO | <input type="checkbox"/> Dissatisfaction with services |
| <input type="checkbox"/> Other (please specify): _____ | |

Brief explanation: _____

SECTION C: REQUEST FOR WITHDRAWALS

I, the undersigned, hereby give notice of my intention to **withdraw my membership** from **Setyon DT Sacco Ltd** effective from _____.

I request that my **savings** be deposited to my Current Account as below;

Account Name: _____

Member Number: _____

Amount of Savings: _____

☐ **Transfer my share capital** to another member of the SACCO as indicated below:

Recipient Member's Full Name: _____

Member Number: _____

Amount of Share Capital to Transferred (KES): _____

Note: Transfer of share capital is subject to approval by Setyon DT Sacco Ltd Board and compliance with Setyon DT Sacco Ltd by-laws. Notice Period for withdrawal of savings is 60 days.

SECTION D: MEMBER'S DECLARATION

I hereby confirm that:

1. I have cleared all outstanding loans, guarantees, and obligations with the SACCO.
2. I understand that my withdrawal will take effect upon approval by the Board after 60 days' notice.
3. I agree to abide by the SACCO's by-laws and procedures governing withdrawal and transfer of shares.

Signature: _____ **Date:** _____

SECTION E: ACKNOWLEDGMENT OF SHARE TRANSFER (if applicable)

I, _____ (recipient member), accept the transfer of share capital as indicated above and agree to be bound by the SACCO's by-laws.

Signature: _____ **Date:** _____

SECTION F: OFFICAL USE ONLY

Received by: Name: _____

Signature: _____ **Date:** _____

| Item | Amount | Comments | Signature | Date |
|----------------------------------|---------------|-----------------|------------------|-------------|
| Outstanding Loans | | | | |
| Loan Guarantees | | | | |
| Share Capital Balance | | | | |
| Deposit Balance | | | | |
| Recommended by Credit Manager | | | | |

Approved by: Board Name: _____

Signature: _____ **Date:** _____

OFFICIAL STAMP: _____