



FINNLEMM SACCO LIMITED

Your Prosperity our Priority

55 Gatundu Road Kileleshwa, P.O. Box 67666- 00200 Nairobi.

Tel: +254 202 394 214, +254 733 208 122

Email: customer.care@finnlemm.com

WITHDRAWAL APPLICATION FORM

The Chief Executive Officer,
Finnlemm SACCO Limited.

I hereby submit my written notice to withdraw my membership from Finnlemm Sacco Limited effective _____ and agree to conform to Finnlemm S A C C O by-laws and any amendment thereof.

I am FULLY aware that according to the by-laws of Finnlemm Sacco, one is required to give a written notice of sixty (60) days and clear all loan balances and guarantee obligations if any; and there-after the notice period, a member shall be refunded his monies within 14 days. For the fourteen (14) days withdrawal option, a fee of Kshs. 10% of the amount being withdrawn will apply.

I am also aware that my Share Capital will be retained unless I transfer to another member of Finnlemm SACCO.

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 repaid.

MEMBER DETAILS

FULL NAME: MEMBER NO.:

ID. NO.: MOBILE NO.:

PERSONAL E-MAIL ADDRESS

BANK A/C NAME: A/C NO:

BANK NAME: BRANCH:

WITHDRAWAL FEEDBACK

- What is your main reason for withdrawing?
Financial distress Unemployment Poor services Other reasons:
- Are you joining another SACCO?
- What has been your experience as a member of Finnlemm SACCO?
- Based on your experience as a member, would you recommend Finnlemm SACCO to someone else?
- On a scale of 1-5 (1-very poor, 2-Poor, 3-Fair, 4-Good and 5-Very Good) how would you rate our products and services?
- What areas of improvement would you recommend?

Application Signature: Date:



Processed By (Credit Department):

Remarks:

Outstanding obligations, if any

Name: Designation:

Signature: Deate:

Exit Interview conducted by (Credit Department):

Name: Designation:

Remarks:

Signature: Deate:

CEO Remark/ Authorization:

Remarks:

Name: Designation:

Signature: Deate:

Education Committee Remarks:

Remarks:

Name: Designation:

Signature: Deate: