



BUNISTA SAVINGS AND CREDIT CO- OPERATIVE SOCIETY LTD
P.O. BOX 194- 40601 BONDO

MEMBERSHIP WITHDRAWAL FORM

TERMS AND CONDITIONS

1. Your loans and advances must be below your deposits
2. You must be ready to replace your guarantors in order to free your deposits for payment
3. Attach copy of ID
4. Application if successful will be processed within 60 days

APPLICANT INFORMATION

Name: _____

Member No: ID NO: _____ P/F No: _____

Phone: _____ Postal address: _____

Email Address: _____

Institution: _____

WITHDRAWAL REQUEST

Reason for Withdrawal

1. _____
2. _____
3. _____
4. _____

Amount Required: Kshs.

Signature of applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Documents to be attached: *Statement and Guarantorship report and Final Account Summary*

Remarks on guarantors:

Date Guarantors Replaced (Where Applicable):

Sign (Loan Officer): Date:

Account Reconciled by :

Prepared by: Name Signature.....Date.....

Checked by: Name Signature.....Date.....

Approved by: NameSignature.....Date.....

Authorized by:Name.....Signature.....Date.....



BUNISTA SAVINGS AND CREDIT CO- OPERATIVE SOCIETY LTD

P.O. BOX 194- 40601 BONDO

SHARE CAPITAL TRANSFER FORM

TO BE FILLED IN TRIPLICATE

NOTE: Upon approval of this request by the board of directors, the share capital herein mentioned and any benefits there from shall henceforth accrue to the transferee.

(A) PERSONAL DETAILS OF THE TRANSFEROR (OWNER).

1. Name (In full)
2. Member Number P.F.NO:
3. I.D NO/PASSPORT NO. (Attach a copy)

(B) AUTHORIZATION

I hereby transfer my share capital of Kshs. _____ (in words _____) to the following member.

1. Name (In full)
2. Member Number P.F.NO:.....
3. I.D NO./PASSPORT NO. (Attach a copy).....

Signed by Transferor (Owner): Name..... Sign..... Date.....

Signed by Transferee (Recipient) Name..... Sign..... Date:

(C). WITNESSED BY:

(i) Name.....

M.No. I.D. NO..... Sign: Date:.....

OFFICIAL USE ONLY

RECEIVED BY ACCOUNTANT: NAME: SIGN:DATE:

VERIFIED BY: MANAGER.NAME: SIGN: DATE:

CHECKED BY: TREASURER

NAME: SIGN: DATE:

APPROVED/NOT APPROVED BY: CHAIRMAN

NAME: SIGN: DATE.....

Approved by Board Minute No. Date:

TRANSFER EFFECTED BY: ACCOUNTANT

NAME: SIGN: DATE



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