CHILUNGAMO SAVINGS & CREDIT COPERATIVES LTD MALAWI

Save more, Get more!!

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MEMBERSHIP WITHDRAWAL FORM

REF: APPLICATION TO WITHDRAW A MEMBERSHIP ACCOUNT FROM CHILUNGAMO SACCO

I do hereby request to Withdraw my membership from Chilungamo Sacco, this being written notice with effect from ……. /……../…….

NAMES		PAYROLL NUMBER	
REDEEMABLE SHARES		NON-REDEEMABLE SHARES	MK 15,000.00
TOTAL SHARES TO BE REDEEMED			
SAVINGS		TOTAL SAVINGS TO BE PAID	

Declaration by member I am fully aware that:

a) The withdrawal will not be processed until all outstanding loans if any have been cleared and all the loans

b) The share capital investment shall be held by Chilungamo Sacco as my investment.

c) The withdrawal will be paid after 90 days of the withdrawal notice.

Signature ……

DISCLAIMER

Chilungamo SACCO will not be held liable for any payments made to incorrect account numbers.

ACCOUNT DETAILS

Bank: _____ Branch: _____

Account Number: _____

DECLARATION

☐ I hereby agree that Chilungamo SACCO will not be held liable for any payments made to incorrect account number(S) provided by me.

OFFICIAL USE ONLY

Verified by: ……**Signature**……..**Date**……