



# UKRISTO NA UFANISI SACCO LTD



SAVING & CREDIT CO-OPERATIVE SOCIETY LTD.

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## ACCOUNT CLOSURE FORM

Branch: ..... Date: .....

I/we: ..... of ID: .....

and a Member of the Sacco membership no: ..... would like to withdraw my shares/

Deposits of Kshs: ..... (Amount in words): .....

therefore signifying closure of my account.

**Accounts Closure charge will be KSH 4,000 deducted from the member's savings.**

Reasons for closing account (state briefly): .....

..... I will adhere to the Sacco's policy regarding account closure and re-opening.

Signature: ..... Date: .....

### **FOR OFFICIAL USE ONLY:**

**Received By (Customer Care Officer):** .....

Comment: .....

**Maturity Date:** .....

Sign: ..... Date: .....

**Cleared By (Credit Officer):** .....

Comment: .....

Sign: ..... Date: .....

**Approved By (BDM):**.....

Comment: .....

Sign: ..... Date: .....