



UKRISTO NA UFANISI DT SACCO LTD

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ACCOUNT CLOSURE NOTICE FORM

Branch: _____

Date: _____

I/We: _____

Member Number: _____ hereby submit a 60-day notice for the closure of this account and request a withdrawal of savings Ksh. _____ (amount in words _____)

Reasons for closing account (state briefly): _____

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

Account closure charge of Ksh. 4,000 will apply (Deducted from Member Savings).

Member name

Signature

1. _____
2. _____
3. _____

FOR OFFICIAL USE ONLY

Received By (Customer Care Officer): _____ Sign: _____

Date: _____ Comments: _____

Cleared By (Credit Officer): _____ Sign: _____ Date: _____

Comments: _____

Approved By (BDM): _____ Sign: _____ Date: _____

Comments: _____