



UAMINIFU SACCO
Pillar to prosperity

**UAMINIFU SAVINGS & CREDIT CO-OPERATIVE
SOCIETY LTD**
MEMBERSHIPS FORM ON EMPLOYMENT EXIT

Date Received.....

Serial Number.....

Following my exit from Employment with KWFT Bank, KWFT Insurance Agency, ENA, Uaminifu SACCO [**Tick applicable**]

I [.....][**NAME IN FULL**] do hereby request

a) Retain my membership with Uaminifu SACCO as an Ex Staff, I undertake to be making my contributions

Monthly of Kshs.....w.e.f...../...../.....[**DDMMYY**]to be distributed as follows:

Normal Savings Kshs.....Share Capital.....Golden Savings.....

The Contributions will be remitted through:

Check off.....Direct Deposit/Mobile.....STO.....

b) To withdraw my membership from UAMINIFU SACCO Society Limited w.e.f./...../.....[**DDMMYY**]

I am FULLY aware that according to the by-laws of UAMINIFU SACCO that:

- A Member shall withdraw from the society by giving a written notice of sixty (60) days.
- No member will be allowed to withdraw from the Society before clearing all loan balances if any

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 retaining my deposits until the loans guaranteed have been fully replaced or cleared.

I understand that according to the Sacco By-law 24, the share capital is not refundable but only transferable to an interested member.

I understand that in case of any pending liability with my Employer, such monies shall be automatically recovered from my refundable savings .Additionally refund of my SACCO dues shall be done on confirmation that I have fully cleared with my Employer.

Personal Details

STAFF NO.....MNO..... ID NO/HUDUMA NOEMAIL ADDRESS [personal].....

REGION.....LAST DUTY STATION.....DESIGNATION.....

POSTAL ADDRESS.....TOWN.....POSTAL CODE.....MOBILE PHONE NO.....

NOTE: This form should strictly be scanned to; uaminifuclearance@kwftbank.com

Signature of ApplicantDate.....

Witnessed by.....Signature.....Date.....

[FORM TO BE SUBMITTED STRICTLY VIA EMAIL TOGETHER WITH ALL THE ALTERNATIVE GUARANTORS FORMS DULY SIGNED]

N/B PLEASE FILL EITHER SECTION A, OR B IF YOU ARE RETAINING YOUR MEMBERSHIP

SECTION A

TO PAYROLL

Name of Employer

Please deduct me Kshs.every month with effect fromtowards my SACCO contribution.

SECTION B

TO UPPER HILL BRANCH [to be filled in case of standing order]

I hereby place a monthly debit order of my account with Kshs. towards my SACCO contribution with effect from

From account name..... Account number.....to be credited to **Uaminifu SACCO LTD** Account Number **1001936323**

Signature.....Date.....

FOR OFFICIAL USE

The application to proceed with membership has been received and effected from [Month].....

Signature.....Date.....

FOR OFFICIAL USE [IN CASE OF REFUND]

Total Savings.....Total Loans.....Guarantor Liability.....

Gratuity Received.....ESOP Received.....

Net Refundable/ Due.....Date paid

Prepared by.....Signature.....

Verified by.....Signature.....

Approved by.....Signature.....