



SUPERIOR HOTELS SACCO SOCIETY LTD

Pearl Palace Hotel 2nd Floor, P.O. Box 6622 - 00300 Nairobi.

Tel: 254 758 455 129 | Website: www.superiorhotelsacco.com

WITHDRAWAL APPLICATION FORM

To
The Secretary,
Superior Hotels SACCO Society Limited.

I do hereby request to withdraw my membership from Superior Hotels SACCO Society Limited effective _____ this being my written notice. The reason for my withdrawal is _____.

I am FULLY aware that according to the by-laws of Superior Hotels SACCO Society, one is required to give a mandatory written notice of sixty (60) days and clear all loan balances and guarantee obligations if any; and at the expiry of notice, a member shall be refunded his monies within 14 days. For early withdrawal and partial withdrawal options (14 days) a fee of 5% will apply.

I am also aware that my Share Capital is non-refundable and I can only transfer the same to another member of Superior Hotels SACCO Society. I undertake to follow-up on the members whose loans I have guaranteed if any to ensure that I have been fully replaced. In the absence of change of guarantee for whatever reason including default, the Society will continue to hold a portion of my deposits equivalent to the guaranteed amount until the loans guaranteed have been fully repaid.

MEMBER DETAILS

Full Name: _____ Membership No.: _____

ID. No: _____ Mobile No.: _____

Personal E-mail Address: _____

Bank A/C Name: _____ A/C No: _____

Bank Name: _____ Branch: _____

I hereby make an application to withdraw from the Sacco and agree to conform to Superior Hotels Sacco Society by-laws and any amendment thereof.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Checked By:

Remarks:

Outstanding obligations, if any

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Name:

Designation:

Signature:

Date:

Authorized By:

Name:

Designation:

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Remarks:

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Signature:

Date:

STAMP: