

Utafiti Savings and Credit Cooperative Society Ltd

P O Box 30709-00100, Nairobi, Kenya • Tel: +254 20 422 3228 • Email: utafiti@cgiar.org



Utafiti Sacco Clearance Form (Strictly Confidential)

I hereby make application to exit membership at Utafiti Savings and credit Co-operative Society

My Particulars are:

Name ID NO.....
(Block Letters)

Tel. email.....

Membership no:

Reason for leaving: Retired Change of employment:

Other:

| 1. | Did any of the following influence your decision to leave? | YES | NO |
|----|--|-----|----|
| | Location of my workplace | | |
| | Distance to UTAFITI office | | |
| | Insufficient product range | | |
| | Quality of service | | |
| | Being denied a loan | | |
| | Inability to qualify for a loan | | |
| | Current loan limit | | |
| | Lack of formal job | | |
| | Other | | |

| 2. | Please rate UTAFITI by ticking on the appropriate column | | | | | |
|----|--|-----------|---|--------------|---|----------------|
| | | 1 Poor | 2 | 3 Average | 4 | 5 Excellent |
| | Location of UTAFITI office | | | | | |
| | Product range | | | | | |
| | Quality of service | | | | | |
| | Speed of loan processing | | | | | |
| | Interest on deposits | | | | | |
| | Shares and dividends | | | | | |

a) Would you be willing to rejoin UTAFITI in future: Yes No

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b) Would you sale your shares at UTAFITI: Yes No

c) Do you have any suggestions for UTAFITI, if yes, state below: Yes No

.....

Member's SignatureDate.....

Refund my deposit in: Cheque:

Account:

Account name:

Bank name:

Branch:

(FOR OFFICIAL USE ONLY)

Date of Members admission

Share Capital balance: Deposit balance:

Outstanding loan balance:

Clearance of Outstanding Guarantorship

1.

2.

3.

4.

Approved by Management Committee vide Minute No.

Signature:

SECRETARY

.....

CHAIRMAN

Date: