

SERIAL No.



..... towards a prosperous future together

MEMBERSHIP/ACCOUNT CLOSURE REQUEST FORM

A. Member Details

I / We wish to close the following membership account

Membership Account Number _____ Account Name _____

B. Reason for Account Closure

Please take a moment to give feedback on the reason for closing the account. (Tick or write as appropriate)

- | | | |
|---|--|---|
| <input type="checkbox"/> Shifting to another Sacco/Bank | <input type="checkbox"/> Investment opportunity (Specify) _____ | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Loss of employment/Source of income | <input type="checkbox"/> Relocation Abroad (Specify Country) _____ | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Retirement | _____ | _____ |
| <input type="checkbox"/> Dissatisfied with present product offering | <input type="checkbox"/> Unhappy with service (Specify) _____ | _____ |
| <input type="checkbox"/> Closure/dissolution of business/group | <input type="checkbox"/> Deceased Case | _____ |

Would you consider reopening your account with Stima Sacco should the circumstance change?

- Yes No

C. Refund for money due

Please disburse funds in the account in the following manner. (Tick or write as appropriate)

- Transfer to membership No _____ Account Name _____
- Disburse to me in cash via _____
- EFT/RTGS to my account in _____ Bank Name _____
Account Name _____ Account Number _____
- By banker's cheque in the name of _____

D. Withdrawal discounting application

I request to be advanced Ksh _____ in words _____

and the same to be recovered from my refunds when due.

E. Instruction to the member

1. Attach copies of ID for account signatories . Groups/corporate to also attach minutes/resolution to close the account
2. Any outstanding obligation/liability, collaterals or guarantee for other member loans on your Account, will need to be paid/cleared before your Account can be closed. In the event, you have guaranteed someone ensure you have been substituted from guaranteeing them.
3. Membership account closure process takes 60 days subject to fulfilling all obligations as stated in 2 above.
4. You are required to ensure that all Cards and unused cheques held by you and any signatories to your account , are destroyed and disposed of securely.
5. You need to cancel any standing instructions linked to this account
6. Fill in the applicable form for refund of money due.
7. Applicable fees for account closure and withdrawal discounting will be recovered.



..... towards a prosperous future together

MEMBERSHIP/ACCOUNT CLOSURE REQUEST FORM

F. Member authorization and indemnity

I/We certify that I/We will no longer attempt to use this Membership and understand that any items presented against the impacted membership account in future, if applicable, will be returned or rejected "Account Closed". All services, such as web portal access, Visa ATM Card, and Mobile Banking, which may be attached to the account/s being closed, will be cancelled prior to the closure of the account.

Authorized Signatory Name _____ Signature _____ Date _____

Authorized Signatory Name _____ Signature _____ Date _____

Authorized Signatory Name _____ Signature _____ Date _____

Authorized Signatory Name _____ Signature _____ Date _____

G. Contact information

The Society may contact you for further discussion during the account closure process.

Phone Number (Required) _____

Email _____

For official use only

Call back time/date: _____

Name: _____

Comments _____

Verifications

Signature Verified _____ Guarantors Substituted _____

Financial obligations cleared

Documents scanned to EDMS

Branch: _____ Initiated by: _____

Authorized by: _____



...towards a prosperous future together