



# JAMII CO-OPERATIVE AND SAVINGS CREDIT SOCIETY

P.O Box 57929 -00200, Nairobi, Fax: 552523  
Tel: (020) 552477,552448, Mobile: 0712-852762, 0724-179890, 0736-613863  
Web: [www.jamiisacco.coop](http://www.jamiisacco.coop) E-mail: Info@jamiisacco.coop

## REFUND OF SHARES ON WITHDRAWAL

Mr/Mrs/Miss \_\_\_\_\_

M/No \_\_\_\_\_ P/No \_\_\_\_\_ of the Min of \_\_\_\_\_

\_\_\_\_\_ has given us 60 days

Notice to withdraw from the society with effect from \_\_\_\_\_

### REGISTRY OFFICE

I hereby confirm that the attached later Folio No. \_\_\_\_\_ of Intention to withdraw from the Society originates from the members as verified from the signature and/or known handwriting of the member and other documentation in the personal file.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

### LOANS/DATA SECTION

I hereby confirm that the details of loan and share balance of the member are correct and accurately reflected for the last three (3) years as per attached Personal Ledger Card. I have ascertained from the Computer Printouts that the last remitted deductions were for the

Month of \_\_\_\_\_ Date \_\_\_\_\_

I have compared the balance of his/her Personal Ledger Card and with that appearing on the computed schedule and reconcile as follows.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_



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### **OFFICER INCHARGE OF GUARANTORSHIP**

The referred member has not guaranteed any loan/has obtained alternative guarantors whom I confirm to be genuine by comparing with the guarantors known signature. (Attached is the Guarantor Card and alternative Guarantor Card and alterative Guarantor Form).

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

### **ACCOUNTS SECTION/AUDIT CLERK**

After approval by the Board of Directors

M/no of BOD \_\_\_\_\_

I have checked the Personal Ledger Card for the last three (3) years, Computer Printouts and other relevant documents and hereby verify that the member be refunded

Shares Kshs. \_\_\_\_\_

Deposits Kshs. \_\_\_\_\_

Other refunds Kshs. \_\_\_\_\_

Less outstanding loan Kshs. \_\_\_\_\_

Loan guaranteed Kshs. \_\_\_\_\_

And accrued interest Kshs. \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

### **ACCOUNT/SENIOR BOOK KEEPER**

The limit for authorization for senior Book Keeper is

Kshs \_\_\_\_\_ I hereby authorize the

Refund of Kshs. \_\_\_\_\_ being the rightful refunds for

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### **WITHDRAWING MEMBER**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

### **CASHIER**

Cheque No. \_\_\_\_\_

Payment Voucher No. \_\_\_\_\_

Cashier's Name \_\_\_\_\_

Cashier's Signature \_\_\_\_\_

Date \_\_\_\_\_