

**ENERGY SACCO LTD
P.O BOX 10585-00100 NAIROBI**

ZAWADI WITHDRAWAL FORM.

**PART "A"
PERSONAL INFORMATION.**

1. Members full names
2. Payroll number.....
3. Membership number.....
4. Member I.D No.
5. Employer and Mailing address.....
6. Work station.....

**PART "B"
WITHDRAWAL APPLICATION**

Ihereby apply for withdrawal of my savings under "Zawadi saving

Scheme "amounting to KshsAmount in words

With effect from20....

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

N.B. The withdrawal application must be received by the first two weeks of the intended withdrawal month to facilitate the processing.

**PART "C"
AUTHORITY TO VARY.**

I hereby authorize you to increase/ decrease my

contributions towards the "Zawadi Savings Scheme" from Kshs..... to

Kshs..... With effect from 20..

Signature Date.....

**PART "D"
TERMS AND CONDITIONS.**

- (i) A member would enter into the scheme voluntarily but under the stipulated terms and conditions.
- (ii) Savings made under the scheme can only be withdrawn at least during the second week of the withdrawal months namely; April, August, and December.
- (iii) The minimum period of savings before any withdrawal is made is 6(six) months.
- (iv) The minimum contribution is Kshs. 300. This amount can however be varied upwards as a member wishes.

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the terms and conditions stated above and other general laws of the society, and which are subject to changes as need be.

Signature**Date**

Official Remarks

ChairmanSign.....Date.....

Treasurer.....SignDate.....

Hon. SecretarySign.....Date.....