



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

P.O. Box 79333-00200 Nairobi, Kenya • Tel. 227192 • Cell: 0722 968596 or 0733 667596. Fax 218188
Email: info@kentours.co.ke

Date.....

MEMBERS CLEARANCE FORM

A. To be completed by the member:

Members Name..... Membership No.....

Tick Appropriately: *Exiting the Sacco* ☐ *Membership Continuation as Individual* ☐ *Change of Employer* ☐

If **Exiting the Sacco** give Reason(s) for withdrawal.....

ID No..... (Attach ID Copy) Signature..... Phone No. Name of employer.....

NB: Membership withdrawal fee of Kshs. 1,000 plus tax at applicable rate will be charged when exiting the Sacco.

Do you want to retain or transfer your Share Capital? If yes, please fill the share capital transfer form.

MEMBERS BANK ACCOUNT DETAILS

Account Name:

Account Number

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Bank Name:Branch

B. To be completed by the employer - personnel / Accounts Dept.

Please confirm the above is your employee/former employee Yes ☐ No ☐

If yes, can we process his refund Yes ☐ No ☐

If there are any objections please specify below

.....

Name Designation Signature & Stamp.....

C. Kentours Receiving Officer's Comments;

Signature: Date:

D. To be completed by the Kentours Sacco Society Accountant

Member's current deposits Kshs.....

Member's loan balances Kshs

Amount guaranteed to other members Kshs

Other debts (Polo shirts, umbrellas etc.) Kshs

Withdrawal fee plus excise duty Kshs

Insurance Premiums Kshs

Net amount payable Kshs

Prepared by: NameSignature **Checked by:** Name Signature.....

E. To be completed by the Administrative Committee.

Are the member's deposits indicated above correct? Yes No ☐

Is the member still a guarantor to other members? Yes ☐ No ☐

Member has not been cleared for refund of shares due to the following reasons;

.....

Signature

Date

1

2

3