

EXIT FORM



ACK IMANI TALENT SACCO
 HEAD OFFICE: ACK Church of the Good Shepherd
 Nakuru Grounds, Opposite Assumption Center.
 Mobile: +254720167573
 Email: info@ackimantalentsacco.com

PART 1: PERSONAL DETAILS

Cust. ID:

Mem No.:

I/ We wish to close the following Membership Account:

Member's Name:					
ID No.:		Mobile No.:		Loan Balance:	
Savings Balance:			Shares Balance:		

PART 2: REASON (S) FOR ACCOUNT CLOSURE

Shifting to another SACCO/ Bank
 Dissatisfied with present product offering
 Retirement
 Closure of Business
 Relocation Abroad
 Others (Specify):

Kindly share your experience with AITS SACCO:

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Would you consider reopening your account with AIT SACCO should the circumstances change?

Yes
 No

PART 3: REFUND FOR MONEY DUE

Please disburse the funds in the account in the following manner:

Transfer Shares to Member No.:		Account Name:	
Transfer Savings to Member No.:		Account Name:	
EFT/RTGS to my account in:	Bank Name	Branch Name:	Branch Name
Account Name:		Account Number:	
M-Pesa Number:			

PART 4: LOANS GUARANTEED

	Name	Member No.	Outstanding Balance	Amount Guaranteed	Replaced by Member No.	Signature
1						
2						
3						
4						
5						

TERMS AND CONDITIONS

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 need to cancel any standing instructions linked to this account.
5. Fill in the applicable form for refund of money due.
6. Applicable fees for account closure and withdrawal discounting will be recovered.
7. The SACCO shares are not refundable but transferable.
8. Kshs. 1,000 will be deducted as exit fees.

I hereby make an application to withdraw from the SACCO and agree to conform to AITS By-Laws and any amendment thereof.

Applicant's Signature:	Date:
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PART 3: FOR OFFICIAL USE ONLY

OFFICER	REMARK	SIGNATURE	DATE
Relationship Officer:			
Customer Service Officer:			
Credit Administrator:			
Head Of Marketing:			
Head of Operations:			
SACCO Manager:			
Accounts:			

Account Closed By:

Name	Position	Signature	Date