PUBLIC SERVICE SAVINGS AND CREDIT COOPERATIVE

SACCO MEMBERSHIP WITHDRAWAL REQUEST

The Chief Executive Officer
Public Service Sacco Ltd
LUSAKA

I do hereby request to withdraw my membership from Public Service Sacco with effect from _____.

I am aware of Article 16 of Public Service Sacco By-Laws which provides that:

(a) A member may at any time withdraw from the Sacco by giving 5 days' written notice to the Sacco during which time the Sacco will settle the member's accounts and refund the member's savings. Shares are not redeemable and can only be transferred/sold to another person to be found by the member who wishes to withdrawal. Such a person may or may not be a member of the Sacco; and,

(b)   A member is not eligible to withdraw from membership if they have outstanding obligations on their accounts or they have guaranteed another member's loans and the loan has not been fully repaid.

Personal Account Details

Full Name		**Sacco Membership Number**	
Physical Address		**Cell Phone Number**	
Email Address		**Total Savings (K)**	
Total Loans - Own (K)		**Value of Shares (K)**	
Total Guaranteed Loans (K)		**Number of Shares held**	

Please pay my savings and shares to my Bank Account whose details are shown below:

Account Name	
Account Number	
Bank Name	
Branch Name	

I hereby request that my shares be transferred to the following individual (s):

SN	Name	Sacco Membership Number	Cell Phone Number	Number of Shares

Signature of Applicant (Within the box) ☐ Date ☐

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A. Loans

SN	Loan Type	Amount Paid (K)	Loan Balance (K)
1	Personal Loan		
2	Educational Loan		
3	Developmental Loan		
4	Veterans' Loan		
5	Emergency Loan		
	TOTAL		

B. Guarantees

SN	Name	Sacco Membership Number	Loan Guaranteed (K)	Balance of Guaranteed Loan (K)
	TOTAL			

C. Shares and Savings

Total Savings (K)		Value of Shares (K)	
		Number of Shares	

D. Amount Due to Member (*If there are no loans guaranteed still running*)

Description	Amount (K)
Savings	
Shares	
Less: Unpaid Loans	
Due to member	

Payment Reference Number (**Cheque/EFTA/ PayFlex**) _____

Prepared By:

_____   _____   _____
Name   Signature   Designation

_____
Date

Payment Checked By:

_____   _____   _____
Name   Signature   Designation

_____
Date

Approved By:

_____   _____   _____
Name   Signature   Designation

_____
Date