

KENYA RE SACCO LTD

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SCHOOL FEES SAVINGS ACCOUNT WITHDRAWAL FORM

I, (Name) _____

Co-Op Membership No: _____ Employee No: _____

Would like to Withdraw from my **School Fees Savings Account** Kshs _____,

in Words _____

Please pay me by (Tick one): **Cheque** ☐ **Direct Transfer** ☐

IF you choose Direct Transfer, please provide bank details in the spaces provided below:

ACCOUNT NAME																
BANK NAME																
BANK BRANCH																
ACCOUNT NUMBER																

Signed _____ Date _____ ID/PP NO: _____

FOR OFFICIAL USE ONLY

Available Balance Kshs (a) _____

Less: Amount applied for (b) _____

Less: Commission (c) _____

Balance C/F {(a)-(b)-(c)} _____

Amount approved for Payment: Kshs _____ Cheque No: _____

Prepared by: _____ Signature _____ Date _____

Verified by: _____ Signature _____ Date _____

Cheque collected by: Sign..... Date: