

Kenya Re Sacco Society Ltd

P. O. Box 30271-00100 Nairobi
Telephone: (254 20) 220 2000, Fax 2223944

Holiday Savings Account Withdrawal Form

I, (Name) _____

Co-Op Membership No: _____ Employee No: _____

Would like to Withdraw from my **Holiday Savings Account** Kshs _____

Amount 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) _____

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

Amount approved for Payment: Kshs _____ Cheque No: _____

Prepared by: _____ Signature _____ Date _____

Verified by: _____ Signature _____ Date _____

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