



CONFIDENTIAL

UKULIMA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

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FOSA Branches: **Nairobi:** Ukulima Co-op Hse, **Mombasa:** Bahman Trust Blg, P.O. Box 86051-80100 Msa, Tel: 041-2616972, 041-2616972, 041-2312444, **Kisumu:** United Mall, Ground Flr, Wing A, P.O. Box 1378 - 40100 Ksm Tel: 057-2020169, **Eldoret:** Sirikwa Hotel Blg, P.O. Box 6703-30100 Eld, Tel: 053-2032346 **Embu:** Eastern Emporium Blg, 3rd Flr, Kenyatta Avenue, P.O. Box 992-60100 Embu.

PARTIAL WITHDRAWAL FOR RETIREES MEMBERS - FORM

APPLICABLE TO RETIREES ONLY

PWFN.....

Request for Partial Withdrawal of accumulated Deposits
(Please attach ID Card, retirement letter & latest payslip)

PART I : APPLICANT PERSONAL DETAILS

Following my retirement from service w.e.f the month of20.....and my intention to continue with my membership to the Society,

Full Names.....ID.....

Former Employer.....Personal No.....

Mobile No..... Permanent Address.....

Hereby make a request to partially withdraw from my deposit savings

Kshs. (Figures).....words.....

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FOSA A/C.....Branch.....

I understand that I can only partially withdraw upto a maximum of 50% of the net deposit after clearance of outstanding loans once per year. I commit to continue making monthly Deposits and Benevolent Fund contributions as per the Society's regulations.

Signature.....

Date.....