



The CEO

AMREF Sacco

P O Box 18604-00100

NAIROBI

Date \_\_\_\_\_

Dear Sir,

**REF: SAVINGS WITHDRAWAL FORM**

I \_\_\_\_\_ of ID No. \_\_\_\_\_ wish to withdraw Kshs  
\_\_\_\_\_ from my account

(Please tick one)

- a) Holiday Savings ☐ b) Property Savings ☐ e) Over deduction ☐  
c) Junior Savings ☐ d) Fixed account ☐

**Payment Details** – Indicate the preferred mode of payment by providing the details

**a) Bank Account details**

Account Name \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Branch \_\_\_\_\_

I hereby confirm the above details are correct. The Sacco shall not be held liable for directing payments into an account/ Number provided by the member above.

**By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of savings withdrawal.**

Name \_\_\_\_\_

ID Number \_\_\_\_\_ MNO \_\_\_\_\_

Signature \_\_\_\_\_

**Kindly drop this form to the Sacco offices or scan and send to email address: [info@amrefsacco.org](mailto:info@amrefsacco.org)**

**Official Use**

Received by \_\_\_\_\_

Checked by \_\_\_\_\_

Confirmed by \_\_\_\_\_

