| To, |
|--|
| The Treasurer, |
| KINGA SACCO, |
| P.O.BOX 22591-00400, |
| NAIROBI. |
| Date |
| Dear Sir/Madam, |
| |
| RE: MEMBERSHIP WITHDRAWAL |
| Iwould like to withdraw from |
| Kinga Sacco Ltd with effect from |
| Kindly disburse money (if any) owed to me to the below bank account: |
| Account name: |
| Bank: |
| Branch: |
| A/C No: |
| |
| |
| |
| Yours faithfully, |
| |
| (Name & Signature) |
| |
| |
| (Mobile No) |