

LAINISHA SACCO SOCIETY LIMITED.

"My Choice"

P.O. BOX 272-10303

WANG'URU

TEL: 0705-492352

Email: info@lainishasacco.co.ke, info.mrfsacco@gmail.com

GROUP CASH WITHDRAWAL FORM:

We the undersigned members of.....wishes to withdraw ksh.....(in words).....

From our group saving A/c no:.....

SIGNED BY THE GROUP OFFICIALS (Use full names only not initials)

Amount Required: Ksh.....

1. CHAIRPERSON

| NAME | ID NO | SIGNATURE/THUMBPRINT | DATE |
|------|-------|----------------------|------|
| | | | |

2. SECRETARY

| NAME | ID NO | SIGNATURE/THUMBPRINT | DATE |
|------|-------|----------------------|------|
| | | | |

3. TRESURER

| NAME | ID NO | SIGNATURE/THUMBPRINT | DATE |
|------|-------|----------------------|------|
| | | | |

Checked by: Name:.....Signature:.....

Approved by: Name:.....Signature:.....

OFFICIAL RUBBER STAMP

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