

MAZINGIRA WELFARE ASSOCIATION
P.O. Box 10097- 00100 NAIROBI
TEL.NO. 0714-130269 NHIF BULDING
E-Mail address: info@mazingirawelfare.org
Website:mazingirawelfare.org.

I, the undersigned wish to withdraw from the above Association with effect from
(Attach the current pay slip)

You should stop further deductions of monthly contributions as indicated.

- 1) Full Name:
- 2) Designation:
- 3) Personal Number: ID/No.
 Mobile No.
- 4) Department: Station:
- 5) Loan Outstanding: KSHS.
- 6) Year of joining the Association:
- 7) Reason for withdrawal:
- 8) Account No.:
- BANK: BRANCH:
- Signature: Date:
- Witnessed by: Date:

NB: Refund of 50% total contributions will only be considered for members with over 10(ten) years in the Association.

FOR OFFICIAL USE ONLY: -

- (i) The member do have/do not have outstanding loan of
 Kshs. as at
- (ii) Approved/Not approved by Management Committee Meeting
 on

SIGNATURE: **SECRETARY:**

DATE:

ON BEHALF OF MANAGEMENT COMMITTEE