

FORM S4**Attach Photo****EXODUS SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD****REG. NO 8404****P. O. BOX 175999, Kampala, Police Headquarters. Naguru****TEL. 0707 876710, 0707876720****VOLUNTARY SAVING WITHDRAW FORM****A. APPLICANT DETAILS:**

Name in Full..... (BLOCK LETTERS)

IPPS..... F/Number: Rank: Attached To:

NIN: Phone Number:

Email:

B. SAVINGS WITHDRAWAL REQUEST

Amount Applied For (UGX) Inwords.....

.....

Reason for Withdrawal:

C. MEMBER DECLARATION, CONSENT & UNDERTAKING

I, the undersigned hereby declare and confirm that:

1. I am a fully registered member of Exodus SACCO Ltd in good standing.
2. I voluntarily request to withdraw part of my savings in accordance with the 12th AGM Resolution, Board Resolutions, and existing SACCO policies.

3. I acknowledge that this withdrawal may affect my future borrowing capacity and other member benefits.
4. I confirm that I have read, understood, and agree to abide by:
 - The By-laws of Exodus SACCO Ltd
 - Applicable Cooperative/ SACCO laws and policies.
 - Any future amendments duly approved by the SACCO governing organs
5. I undertake to remain a committed member of the SACCO and to continue fulfilling all membership obligations.
6. I understand that any false declaration may lead to disciplinary action in accordance with SACCO policies.

I sign this form freely and without coercion as confirmation of my consent and commitment.

Signature:

Date:

D. PLEASE PAY TO MY BANK ACCOUNT DETAILS BELOW:

Bank Name: Bank Branch:

Bank Account Number:

Bank Account Names: (Must be the same as it appears on your National ID). Attach Copy of National ID.

For Official Use Only.

Verified By:

Verfyng Officer

Signature: Date:

Approved By

Approved By:

Signature: Date: