

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) In words.....

.....

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:

Verifying Officer

Signature:

Date:

Approved By

Approved By:

Signature:

Date: