



Eagle's Eye SACCO LTD

P.O Box 3809 - 01002, THIKA
Cell: 0715 172 227
Email: eagleseyesacco@yahoo.com

HOLIDAY PACKAGE WITHDRAWAL FORM

Name:.....ID NO:.....

Membership No:.....Telephone Contact

Dept/Inst/Project:.....P.O BOXCODE.....TOWN.....

I hereby wish to request Eagles Eye Sacco to process the savings and the interest earned thereof.

Signature:..... Date:.....

For official use only

Receiving officer.....Date.....Sign.....

Total Savings to date: Kshs..... (Attach member's statement)

Interest Earned Kshs.....

Total Refundable Kshs.....

Approved Not approved

Members Signature on receipt of funds:.....Date:.....

Signature; Chairman.....

Secretary.....

Treasurer.....