



TUNAKUZA UTAJIRI WAKO

P.O. BOX 802-80300, TELEPHONE/FAX (+254-111-121-600)
Email; info@qwetusacco.com

Date:

REQUEST FOR LIQUIDATION OF QWETU SUPER DEPOSIT

I hereby refer to my/our Qwetu Super Deposit of Ksh _____, held at your _____ Branch, and wish to request the following:

- Liquidation Type: Partial Full
- Amount to be Liquidated: Ksh _____
- Preferred Liquidation Date: On or before _____ (Date of Maturity)
- Alternatively, I request liquidation of interest only upon maturity on _____ (Date).

Kindly credit the proceeds to my/our account number: _____.

Thank you for your attention to this request.

Sincerely,

Name: _____

Name: _____

ID Number: _____

ID Number: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name: _____

Name: _____

ID Number: _____

ID Number: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

FOR OFFICIAL USE ONLY

Branch

CAPTURED BY: NameDate.....Signature.....

VERIFIED BY: NameDate.....Signature.....

AUTHORISED BY: NameDate.....Signature.....