



JITEGEMEE SACCO SOCIETY LTD

P. O. Box 86937 - 80100 Mombasa. Tel: 041 231 5129 | 0728 700 800

Website: www.jitegemeesacco.co.ke | Info@jitegemeesacco.co.ke

MEMBERS DEPOSIT REFUND CLAIM FORM

CLAIM FORM JCS -1

SECTION A: MEMBERS PARTICULARS

Full Names: _____

ID / Passport No.: _____ Date of Birth: _____ Payroll No.: _____

(Attach a Certified Copy)

Postal Address: _____ Mobile Phone No.: _____

Employee: County Government Self Employed Other Specify _____

Marital Status (*Tick where appropriate*) Married Single Widow Widower

Reason for Refund: Retirement Resignation Deceased

(Attach a Certified Document Copy/letter)

Name of Next of Kin: _____

Relationship: _____

ID No. (if any): _____

Mobile Phone No: _____

SECTION B: MODE OF PAYMENT

Full details of SACCO Account into which payment will be remitted.

Name of SACCO Account Holder: _____

Name of SACCO: _____

Branch: _____

Account Number: _____

SECTION C: DECLARATIONS

The above information is to the best of my knowledge and belief accurate for the purpose of paying my retirement benefits or refund of contributions.

Signature: _____ Date: _____

SECTION E: FOR OFFICIAL USE ONLY

Loans Department Approved Not Approved Accounts Department Approved Not Approved

Signature: _____ Date: _____ Signature: _____ Date: _____

(Department Stamp)

(Department Stamp)