



PEFA NAIROBI CENTRAL SACCO LTD
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PEFA JUNIOR ACCOUNT

WITHDAWAL FORM

Name.....

M/NO.....

Guardian/ parents Name.....

Telephone.....ID NO.....

Amount of savings Ksh (In words).....

Amount to withdraw Ksh..... (In words).....

Signature of the guardian/parentDate

OFFICIAL USE ONLY

Checked by.....Date.....

Approved by.....Date.....

Authorized by.....Date.....

OFFICIAL STAMP