

MEMBER EXIT QUESTIONNAIRE FORM

Name of member.....Mno.....

ID No..... Department.....Designation.....

Mobile No.....Email Address.....

1. Reasons for exit (Tick where applicable)

- | | |
|---|---|
| ☐ Loan requirement not met. | ☐ Poor Customer service delivery |
| ☐ Financial constraints | ☐ Joining/Transfer to a new Sacco |
| ☐ Loss of income | ☐ Pursue personal interests |
| ☐ Loan offset from deposits | ☐ Others..... |

2. Membership Experience

How would you rate your overall experience during your membership period (Tick any below)

- | | |
|--|-----------------------------------|
| ☐ Excellent | ☐ Fair |
| ☐ Good | ☐ Poor |

What services did you find most beneficial

What services did you find not beneficial

3. Suggestions for Improvement on:(Tick where applicable & share your suggestions)

- | | |
|---|--|
| ☐ Efficiency of service delivery. | ☐ Loan qualification times. |
| ☐ Loan products. | ☐ Loan processing SLA. |
| ☐ Repayment period. | ☐ Loan security(guarantorship) |
| ☐ Interest rates. | ☐ Minimum mandatory deposits. |

4. Any other additional remarks/Comment/feedback for service delivery improvement.

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Member's signature..... Date.....