



SAVINGS WITHDRAWAL FORM

Date: _____

(Tick Box of Savings Account you wish to withdraw from)

Personal Oncall Christmas School Fee Medi/Life Piginini Housing Travel
K _____ K _____ K _____ K _____ K _____ K _____ K _____ K _____

Name: _____ ID or A/C No: _____

Amount in words _____

Figures K _____

Signature _____ Company _____ Port of Work _____ Dept _____

FOR OFFICE USE ONLY

Actioning Officer: _____ Payment Authorised by: _____

Paid by Chq/Bank: _____ Branch: _____ A/C or Chq #: _____ K _____

Credit: Bank _____ Branch: _____ A/C No: _____ K _____

Postage or other details: _____ Received by: _____



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Postage or other details: _____ Received by: _____

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MEMBERS ACCOUNTS BREAK-UP AS AT: _____

BREAK-UP (K)	CURRENT BALANCE (K)	ACCOUNT	WITHDRAWAL (K)	BAL AFTER WDL (K)
		PERSONAL SAVINGS		
		ONCALL		
		CHRISTMAS		
		SCHOOL FEE		
		MEDICAL & LIFE		
		PIKININI A/C		
		HOUSING SAVINGS		
		HOUSING LOAN		
		TERM DEPOSIT		
		LOAN		
		OVER BALANCE		

Certified by: _____

FOR OFFICE USE ONLY

MEMBERS ACCOUNTS BREAK-UP AS AT: _____

BREAK-UP (K)	CURRENT BALANCE (K)	ACCOUNT	WITHDRAWAL (K)	BAL AFTER WDL (K)
		PERSONAL SAVINGS		
		ONCALL		
		CHRISTMAS		
		SCHOOL FEE		
		MEDICAL & LIFE		
		PIKININI A/C		
		HOUSING SAVINGS		
		HOUSING LOAN		
		TERM DEPOSIT		
		LOAN		
		OVER BALANCE		

Certified by: _____