



"Growing Our Future Better"

FINANCIAL AND PRIVATE SECTOR STAFF SAVINGS & LOAN SOCIETY LIMITED

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SAVINGS WITHDRAWAL FORM

Date: _____

Please tick (✓) the appropriate box

☐ General ☐ School Fee ☐ Christmas ☐ Equity ☐ Child Saver ☐ Medicare & Life Saver ☐ BoA

A. MEMBER USE

Branch/Department or Organization

Staff/Membership No.

NAME: _____ PURPOSE OF WITHDRAWAL: _____

AMOUNT IN WORDS: _____ K. _____

CONTACT DETAILS

Telephone: _____ Mobile: _____

Email: _____

BANK ACCOUNT DETAILS

Bank: _____ Branch Name: _____ Branch No.: _____

Account Name: _____

Account No.: _____

Account Type: **Cheque/Savings**

MEMBER'S SIGNATURE: _____

Requirement:

* ID card copy

B. OFFICE USE ONLY

Savings Balance: K _____ Loan Balance: K _____ Net Worth: K _____

Retention Amount: K _____ Processing Fee: K _____

Eligibility: K _____

Officer's Assessments & Recommendation

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Team Leader's Assessments & Recommendation

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GM's comments

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Management Decision:

Approved ☐

Reduced ☐

Declined ☐

General Manager: