



SAVINGS WITHDRAWAL APPLICATION FORM

1. APPLICANTS DETAILS

Initials: M Ms Mrs Dr Miss others: _____
Membership No: _____ First Name: _____ Surname: _____
Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____
Marital Status: Single Married Divorced Windowed
Postal Address: _____
Physical Address: _____
Tel: _____ Cell: _____ Email: _____
Home Village: _____ Ward: _____
Designation: _____ Workplace: _____
Employer: _____ Department: _____ Tel (W): _____
Name of Chief/Headman: _____ District: _____
Next of Kin (in case of emergency)
Name: _____ Relationship: _____
Tel: _____ Cell: _____ Email: _____

2. BANK DETAILS

Bank: _____ Branch: _____
Account No: _____ Amount Required: P _____
Amount in words: _____
Reason for withdrawal:

Member's Signature: _____ Date: _____



3. OFFICIAL USE ONLY

Ordinary Loan: P _____ Savings Balance Before: P _____
Emergency Loan: P _____ Remaining Balance: P _____
Quick Loan Balance: P _____ Shares Amount: P _____
D/Loan Balance: P _____

Total Loan Balance: P _____

Name: _____ Designation: _____

Signature: _____ Date: _____

OFFICIAL USE ONLY

4. SUPERVISOR

Supervisor Name: _____ Designation: _____

Signature: _____ Date: _____

5. MANAGER DECISION

Application Approved/Disapproved: _____

Name: _____ Designation: _____

Signature: _____ Date: _____

NB: PLEASE ATTACH A COPY OMANG AND CURRENT PAY SLIP TO THIS APPLICATION.