



TSHWARAGANO

ORDINARY SAVINGS WITHDRAWAL FORM

Membership No. |

Amount Applied: P _____

APPLICANTS DETAILS

Initials: Mr / Ms / Mrs / Dr / Miss Other: _____ Gender: _____

First Name: _____ Surname: _____

Omang No: _____ DOB: Retirement Date:

Marital Status: Single Married Divorced Widowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Employment Details

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Banking Details

Account Holder Name: _____

Bank Name: _____

Branch: _____ Account No: _____

Reason for withdrawal

Member's Signature: _____ Date: _____

OFFICIAL USE

Loan Balances

Ordinary Loan	Quick Loan	Emergency Loan	Goledzwa Loan	Monana Loan	Total Loan Balance
P:	P:	P:	P:	P:	P:

Ordinary Savings

Ordinary Balance	P:
Amount Applied for	P:
Withdrawal Charge	
Remaining Balance	P:

Prepare By

Name: _____ Designation: _____

Signature: _____ Date: _____

RECOMMENDED

Supervisor Name: _____ Designation: _____

Signature: _____ Date: _____

APPROVAL

Application Approved/Disapproved: _____

Name: _____ Designation: _____

Signature: _____ Date: _____

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