



LUB 25

LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

HOLDINGS WITHDRAWAL FORM

Name:
(IN BLOCK LETTERS)

Membership No. Branch: Date:

I kindly withdraw the sum of (In words)

.....
.....Emalangeni Cents (Figures)
E.....

From my School Savings Holiday Savings Intfufwane Savings
 E..... E..... E.....

Fixed Deposit Other:
 E..... E.....

PAY BENEFICIARY/ BILLER/ ONCE OF PAYMENT

Kindly deposit the sum of E.....(figures)
.....(words) towards the following payee

Name of Beneficiary:

Bank: Account #: Branch Code:

Ref/Purpose of Payment:

Signed..... Date.....

Please note that a penalty fee is charged for the fourth and subsequent instalment withdrawal in each society calendar year.

Signature: Date:

Contact Number:

OFFICE USE:

Amount Approved: E

Processed By: Date:

Authorized by: