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……

School Savings ☐ E…….	Holiday Savings ☐ E……	Intfufwane Savings ☐ E……
Fixed Deposit ☐ E……	Other Savings: ☐ E……	Secondary Savings ☐ 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: ……..

Signature: …… Date: …… Contact Number: …….

OFFICE USE:

Amount Approved: E ……..

Processed By: ……..…… Date: ……

Authorized by: …….