

STARZS (PH) COOP INVESTMENT & CREDIT SOCIETY LTD SAVINGS WITHDRAWAL FORM									
IF YOU WISH TO	WITHDRAW SOME OR ALI	L YOUR SAVINGS WITH	THE COOP, PL	EASE COMP	LETE THIS FO	RM (PLEAS	SE FILL IN BLOCK LETTE	ERS)	
Name:									
Member ID:			Staff ID:						
Current Address:									
Bank Name			Bank Account Number:						
Email:			Mobile:						
REASON FOR WITHDRAWAL									
Leaving the Coop Loan C			Set Liquidating Ta				rget Savings		
Comments about the reasons indicated above:									
LEAVING THE COOP — INFORMATION TO BE VERIFIED BY COOP OFFICE									
The coop will pay the sum of all savings net any loan(s) outstanding. If you wish to re-join the coop later, you may only do so after a specific period and payment of a re-joining fee.									
		(Loans)				Net Position			
Normal	Savings Target	Deposit	(Perso		(Asse	et)	= Saving - l	_oans	
Net Amount In Words:									
LOAN OFF-SET - INFORMATION TO BE VERIFIED BY COOP OFFICE You may only use a percentage of your savings to offset a loan and can only do so a specific number of times in a									
year. The coop would advise on the current criteria on request.									
Total Saving:		Amount for Loan Off-Set:				Balanc	nce Savings:		
Loan Amount: Balance on Loan					oan after Off-Set:				
LIQUIDATION OF TARGET SAVINGS - INFORMATION TO BE VERIFIED BY COOP OFFICE									
This is an indication that the target savings amount has been achieved. Please credit:									
My Bank Account My Coop Normal Savings My Loan									
Amount to be Collected: Amount in Words:									
SIGNATURE									
By signing below, I confirm my acceptance of the above-stated figures and absolve the and Coop of any future liability									
Signature of Applicant:							Date:		
Verified By (Name/Signature):							Date:		
Approved by (Name/Signature):							Date:		

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