

# Nkwazi Cooperative Savings & Credit Society Ltd

### CONFIDENTIAL WITHDRAWAL & ACCOUNT CLOSURE FORM

۱.	Name:	2.	Account No:
3.	NRC No:	3.	Bank Name
4.	Branch:	5.	Home Address:

Β.

Α.

#### WITHDRAWAL /CLOSURE DETAILS

# I, ...... hereby apply to withdraw K...... amount in words .....

A member in employment can only withdraw a maximum of 25%, however member who is out of employment can withdraw more than 25%, however, a member who is out of employment can withdraw up to 50% of their savings, subject to approval, please note approval is subject to providing all supporting documentation. Withdraws of a 100% of savings are for account closure. A member who closes their account may rejoin the Cooperative after a period of

6 months.

C.	I HEREBY DECLARE that the above particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society, the loan policy, and any directions of the Credit Committee, I respect of Section B above. I further declare that I am not indebted to the Society, either as a borrower or guarantor.					
	MEMBERS SIGNATURE: DATE:					
	SIGNATURE: DATE:					
D.	FOR OFFICE USE ONLY					
	Total Savings K Total Loan Outstanding K					
	Therefore, Net of Savings and Loans in K Amount (this application) K					
	<ul> <li>Therefore, Net of Savings and Loans in K Amount (this application) K</li> <li>Eligibility Calculations:</li> <li><b>1.</b> Maximum 25 percent of net savings.</li> <li>Net Savings and Loans K x 0.25 = K</li> </ul>					

Plot. No. 36 Senama Park, Ibex Hill, Lusaka. www.nkwazicoop.com 095 679 7719



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Date: .....

I certify that the application is / is not within the rules of the Society. If not, reasons:

Official's Signature:	Date:

### CREDIT COMMITTEE COMMENTS

Withdrawal approved: K .....

### **Reasons for Rejection**

Ε.

	Incomplete	information	or lack	of sup	portina	documents
•			•••••••	• • • • •		

Credit Committee Member's Signature: .....

- 2. Inadequate funds to meet withdrawal demand
- 3. Other reasons for rejection

	••••••
	•••••
Credit Committee Chairperson's Signature:	Date:
Credit Committee Member's Signature:	Date: