



Serial No.....

NBPlc. Staff Co-operative Investment and Credit Society Limited Ibadan.

C/o Km 3, New Ibadan Ife Road, P. O Box 12176, Ibadan

APPLICATION FORM FOR WITHDRAWAL OF JANUARY – DECEMBER PERSONAL MONTHLY SAVINGS

Please Note that 1% Interest is applicable to the Requested Amount.

APPLICANT

APPLICANT

NAME.....LOCATION.....DEPT.....

E/N..... BANK A/C NO.....

AMOUNT REQUESTED: ₦.....

I wish to withdraw the above stated amount from my personal savings account of January – December personal monthly savings. I would be grateful if this application is favorably considered.

Applicant's Signature / Date

STATEMENT OF PERSONAL SAVINGS ACCOUNT

TOTAL SAVING ₦

AMOUNT REQUESTED ₦

BALANCE: ₦

DATE.....

SIGNATURE (Book Keeper)

THE CO-OPERATIVE SIGNING TRUSTEE

.....
TREASURER

.....
SECRETARY

.....
PRESIDENT