



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL4

P O Box 7732, BOROKO, National Capital District, Ph: (675) 325 7166, Fax: (675) 325 6347

APPLICATION FOR REFUND OF SAVINGS FORM

Dear Sir/Madam,

I hereby inform you that I intend to cease my membership of the NASFUND Contributors Savings & Loan Society Ltd.

Please arrange to have my cumulative savings refunded subject to:

- > A nil Loan balance.
- > The offsetting of my Loan outstanding by my available savings.
- > Exit fee of K20.00.
- > 3 months expiring from date last deposit received.

Name: _____ Membership No.: _____

Address: _____

Client Signature: _____

BANK DETAILS

Name of bank: _____ Branch: _____ Type of Account: _____

Account Name: _____ Account Number: _____

EMPLOYER ENDORSEMENT

Name of Authorised Officer: _____ Signature: _____

Designation/Position: _____

Date this the _____ day of _____ 20 _____

FOR OFFICE USE ONLY

Date of contributions ceased: _____

Eligible Date of Lodement: _____

Name of Processing Officer: _____

- Application Approved.
- Application Deferred.
- Application Rejected.

Decision taken by: Name: _____

Signature: _____

Employer Stamp

Affix stamp
here

PAYMENT

Cheque No: _____ Amount: K _____ Date of Payment: _____

Name of Officer: _____