



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL7

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

CHRISTMAS SAVINGS WITHDRAWAL APPLICATION FORM



1. APPLICATION DETAILS

Surname: _____

Given Name: _____

NCSL Membership No: _____

Date of Lodgement: _____

2. EMPLOYER DETAILS

Name of Employer: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

I would like to withdraw the amount as per stated below from my Christmas Savings Account;

K

Amount in Words:

3. BANK DETAILS

Account Name: _____

Account No: _____

Bank: _____

Branch: _____

Note: A minimum balance of K20.00 must always remain in your Christmas Savings Account.

Signature of Applicant: _____

OFFICE USE ONLY:

General Savings Account: K _____ NCSL Staff recommendation: _____

Education Savings Total: K _____

Christmas Savings Account: K _____

Outstanding Loan: K _____

Total Net balance: K _____ Screened By: _____

Eligible Amount: K _____ Approved By: _____