



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY LIMITED

P.O Box 7732, Boroko, National Capital District, Tel: 313 2000 Fax: 320 0913

REFUND OF SAVINGS FORM

Dear Sir/ Madam,

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

Please arrange to have my cumulative savings refunded subject to;

- A nil loan balance
- Offsetting of my outstanding loan using my available savings
- Exit fee of K20.00
- 3 months since the date of last deposit/ contribution received

Name: _____ Membership No: _____

Address: _____

Please state reason for exiting?

Loss of employment Financial Hardship Other _____

BANK DETAILS

Name of the Bank: _____ Branch: _____ Type of Account: _____

Account Name: _____ Account Number: _____

Signature of Applicant: _____ Lodgement Date: ____ / ____ / ____

EMPLOYER ENDORSEMENT

Name of Authorised Officer: _____

Designation/ Position: _____

Dated this _____ day of _____ 20____

affix employer stamp here

FOR OFFICE USE ONLY

Contributions Ceased Date: _____

Date of Receipt: _____

Name of Processing Officer: _____

Application Approved

Application Deferred

Application Rejected

Decision taken by:

Name: _____ Signature: _____ Date: ____ / ____ / ____