



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY LIMITED

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

GENERAL SAVINGS WITHDRAWAL FORM

Membership Number:

PERSONAL DETAILS

Given Name:	Surname:	
Date of Birth:	Sex:	Marital Status:
Residential Address:		
Mobile No:	Email:	
Village:	District:	Province:

EMPLOYER DETAILS

Employer Name:		
Address:		
Phone:	Fax:	Email:

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

K

Amount in Words: _____

BANK DETAILS

Account Name:
Account No:
Bank:
Branch:

Note: You are only entitled for a withdrawal amount not exceeding 50% of your total saving under General Savings Account. Also ensure to attach a copy of your bank statement if nominating the account to NCSL for the first time.

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

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: _____