



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY LIMITED

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



KIDS SAVINGS ACCOUNT REFUND 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;

- Exit fee of K20.00
- 3 months since the date of last deposit/ contribution received

Name: _____ Membership No: _____

Address: _____

Please indicate reason for exiting.

- Member has reached 18 years
 Trustee - Loss of employment
 Trustee - Financial Hardship
 Other (please specify) _____

BANK DETAILS

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

Account Name: _____ Account Number: _____

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

TRUSTEE AUTHORISATION

Name of Trustee: _____

Relationship (*Please tick the appropriate box*): Parent Guardian

Dated this _____ day of _____ 20____

Commissioner of Oath
stamp here

FOR OFFICE USE ONLY

Contributions Ceased Date: _____

Date of Receipt: _____

Name of Processing Officer: _____

Application Approved

Decision taken by:

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