ncsl member services
a ncsl haus, douglas st, port moresby, png
p 313 2000 e withdrawals@ncsl.com.pg
ncsl.com.pg

refund of savings
application form

Membership Number:

Dear Sir/Madam,
I hereby inform you that I intend to cease my membership with ncsl.
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

Personal Details

First Name:

Last Name:

Please state reason for exiting?: ○ Loss of employment ○ Hardship ○ Other

Bank Details

Account Name:

Branch (BSB):

Name of Bank:

Account Number:

Employer Endorsement

Authorised Officer:

Designation/ Position:

Dated:

Affix Employer Stamp Here

Please include all details in the Attachment on this document pertaining

Office Use:

Date Received:	Received By:
Updated By:	Signature:
Date Back Office:	Date:

Notes: