



Saphumula Savings & Credit Cooperative Society Ltd.

P.O.Box A278. Swazi Plaza
Lot 362, Mission Street,
Mbabane
Tel: +268 2404 7447
+268 2404 8715
Fax: +268 2404 9358
E-mail: applications@saphumula.co.sz

SAVINGS WITHDRAWAL APPLICATION FORM

PART 1:- MEMBER'S DETAILS:

NAME: SURNAME:
RESIDENTIAL ADDRESS:
POSTAL ADDRESS:
TEL : CELL: OTHER:
ID NUMBER : EMPLOYMENT No:
MEMBERSHIP No: SECTION:

PART II:- WITHDRAWAL DETAILS:

SCHOOL SAVINGS AMOUNT: E..... (WITH OR WITHOUT INTEREST).....
HOLIDAY SAVINGS AMOUNT: E (WITH OR WITHOUT INTEREST).....
LIKUSASA SAVINGS AMOUNT: E..... (WITH OR WITHOUT INTEREST).....
OTHER (SPECIFY):..... E(WITH OR WITHOUT INTEREST).....

PART III:- DISBURSEMENT MODE:

NAME OF BANK: ACCOUNT NO:
MOBILE MONEY: CELL:.....
POST OFFICE: BRANCH:.....

APPLICANT'S SIGNATURE:..... DATE:.....



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PART V:- OFFICE USE:

SCHOOL SAVINGS BALANCE: E.....

LIKUSASA LOAN BALANCE: E.....

HOLIDAY SAVINGS BALANCE: E.....

OTHER (SPECIFY) BALANCE: E.....

SIGNED:..... DATE:.....

PART VI:- MANAGEMENT APPROVAL:

APPROVED AS PRESENTED: Amount: E.....

Comments.....

MANAGER:..... DATE:.....

PART VII:- PAYMENT

EFT/CHEQUE NO:..... AMOUNT: E.....

BY TREASURER:..... DATE:.....

