



SAVINGS WITHDRAWAL FORM

Attach the following to this form:

- ❖ Copy of NRC
- ❖ Notice of employment termination by employer

For Queries/Feedback

- ◆ Call Helpdesk +260630372020
- ◆ If not resolved, call Head of Business Development 0776447566/0764322869
- ◆ If still not resolved, call Chief Executive Officer 0763055341

TERMS AND CONDITIONS:

All requests to withdraw savings will take 60 days to process.

A. PERSONAL DETAILS:

Full Name:	ID No:
Membership No:	Contact No:
Organisation:	Email Address:

B. TYPE OF WITHDRAWAL:

Part Savings Withdrawal <input type="checkbox"/>	Full Savings Withdrawal <input type="checkbox"/>	<i>Tick where applicable</i>
Amount (ZMW):		Amount in Words (Kwacha):

C. MODE OF PAYMENT:

Cheque <input type="checkbox"/> <i>Tick where applicable</i>	Bank Transfer <input type="checkbox"/>	Mobile Money <input type="checkbox"/>	<i>Tick where applicable</i>
Account Holder Name:		Bank Name:	
Account No:		Bank Branch:	
Mobile Number:		Full Name on Mobile Money:	

D. REASONS FOR WITHDRAWAL:

Kindly state the reason for withdrawal	
Is there anything that in your opinion CareCoop would do to prevent you from withdrawing?	
Please state areas of improvement for CareCoop	

NOTE: Once you withdraw all your savings, you cease to be a member and can only be readmitted after a period of one year if you are employed by a member organization.

Signature _____	Date _____
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E. OFFICIAL USE:

Member KYC Up to Date: <input type="checkbox"/>	Member Under Correct Posting Group: <input type="checkbox"/>
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Loans Outstanding:

Loan Type:	Loan Amount (ZMW):	Loan Monthly Repayment (ZMW):	Loan Balance (ZMW):	No. of Shares:	Share Value (ZMW):
TOTAL					

Are any of the loans above secured by more than 20% of the savings. If yes, indicate the savings portion pledged as collateral:

Received by:	Signature:	Date:
Due date of the Payment:	Savings Balance (ZMW):	Net Due to the Member (ZMW):
Prepared by:	Signature:	Date:
Reviewed by:	Signature:	Date:
Comments:		

APPROVAL MATRIX:

Name	Signature	Comment	Date