



SAVINGS WITHDRAWAL FORM

Attach the following to this form:

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

TERMS AND CONDITIONS:

All requests to withdraw savings will take 60 days to process, except those where employment has been terminated which will take 5 working days.

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"/>	Amount (ZMW):	Amount in Words (Kwacha):
<small>Tick where applicable</small>			

C. MODE OF PAYMENT:

Cheque <input type="checkbox"/>	<small>Tick where applicable</small>	Account Holder Name:	Bank Name:
Bank Transfer <input type="checkbox"/>		Account No:	Bank Branch:
ZAZU <input type="checkbox"/>		ZAZU Username:	ZAZU Mobile Number:

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