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 ☐ Full Savings Withdrawal ☐ *Tick where applicable*	Amount (ZMW):	Amount in Words (Kwacha):

C. MODE OF PAYMENT:

Cheque ☐ *Tick where appliable*	Account Holder Name:	Bank Name:
Bank Transfer ☐	Account No:	Bank Branch:
ZAZU ☐	ZAZU Username:	ZAZU Mobile Number:

D. REASONS FOR WITHDRAWAL:

Kindly state the reason for withdrawal	
Is there anything that in your opinon 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.***

Full Name	Signature	Date

E. OFFICIAL USE:

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:
Commets:		

APPROVAL MATRIX:

Name	Signature	Comment	Date