



refund of savings application form

Membership
Number:

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