NATIONAL ASSEMBLY SERVICE COMMISSION STAFF NON-INTEREST COOPERATIVE SOCIETY

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NASCS NICS 12

TRANSFER FORM

- **PERSONAL DETAILS**

1.Name_____

Surname ***Middle Name*** ***First Name***

2. File Number_____ 3. Date of Birth_____

4. Department_____ 5. Sex_____6. Marital Status_____

7. Mobile Phone No._____

- **CONTRIBUTION HISTORY**

9. Monthly Contribution

iv. Savings Accounts_____

v. Investment Accounts_____

vi. Target Accounts_____

vii. RSA_____

10. Total Contribution_____

- **TRANSFER FROM**

Account Name _____

Amount in word_____

(₦ _____)

TRANSFER TO

Account Name _____

Any previous transfer_____

_____Date _____

Any break in monthly contribution? _____

Applicant's Signature_____ Date_____

OFFICIAL USE ONLY

d. Total Contributions

i. Saving Account_____Target_____

ii. Investment Account_____ RSA_____

e. Number of notice days_____

f. Final Approval_____

Signature_____ Date_____

NB: ***please note that transfer is only approved once in a year and takes one week process.***