NATIONAL ASSEMBLY SERVICE COMMISSION STAFF NON-INTEREST COOPERATIVE SOCIETY

NASCS NICS 08

Plot 664 T.O.S. Benson Crescent, Utako, Abuja, Email: nascsnics@gmail.com
Website: https://nascs-nics.e-cooperative.com.ng

WITHDRAWAL 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. Home Address_____

_____

8. Mobile Phone No._____9. Email_____

- **CONTRIBUTION HISTORY**

10. Monthly Contribution

i. Savings Accounts_____

ii. Investment Accounts_____

iii. Target Accounts_____

11. Total Contribution_____

- **WITHDRAWAL INFORMATION**

i. Reasons for withdrawal_____

_____

ii. Percentage of withdrawal_____

iii. Any outstanding Loan_____

iv. Any previous withdrawal and reason_____

_____

v. Any break in monthly contribution?_____

vi. Applicant's Signature_____ Date_____

OFFICIAL USE ONLY

a. Contributions

i. Saving Account_____

ii. Investment Account_____

b. Number of notice days_____

c. Final Approval_____

Signature_____ Date_____

NB: ***please note that the final payment will be effected on or before 90 days.***