



# PUBLIC SERVICE SAVINGS AND CREDIT COOPERATIVE

## CASH WITHDRAWAL REQUEST

The Chief Executive Officer  
Public Service Sacco Ltd  
**LUSAKA**

I hereby request to withdraw part of my savings as provided for under Article 23 of the Public Service Sacco By-Laws.

### Personal Account Details

Full Name		Sacco Membership Number	
Physical Address		Cell Phone Number	
Email Address			
Amount Requested (in Figures) (K)			
Amount Requested (in words)			

Please pay my savings and shares to my Bank Account whose details are shown below:

Account Name	
Account Number	
Bank Name	
Branch Name	

Signature of Applicant (Within the box)

Date

**FOR OFFICIAL USE ONLY**

**Available Savings**

<b>Total Savings (K)</b>	
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Payment Reference Number (**Cheque/EFTA/ PayFlex**) \_\_\_\_\_

**Savings Confirmed By:**

Name	Signature	Designation

Date

**Checked By:**

Name	Signature	Designation

Date

**Payment Approved By:**

Name	Signature	Designation

Date