GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD
APPLICATION FOR WITHDRAWAL

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GCPCUL MTN MOMO # 0558694231

(TO BE COMPLETED BY MEMBER)

NAME: ……..……..……...… TEL: …….

AMOUNT REQUESTED: GH¢…….……. (IN WORDS) …….

…….……

…… ……..……

PURPOSE……..…….

MODE OF PAYMENT

IF CHEQUE: ☐ PROVIDE BANK DETAILS IF MOMO: ☐ PROVIDE MOMO DETAILS

BANK: ……..……. MOB# …….

A/C No.: ……. NAME:…….

BRANCH: ……..……

DATE: (……/……/……) SIGNATURE: …… DEPT: ……..

APPROVED BY THE OFFICE MANAGER/TREASURER

..... ……..…… ……..
SIGNATURE NAME DATE

FOR OFFICE USE

WITHDRAWAL NO: …….……. CONSUMER BAL GH¢……

CHEQUE NO……..... LOAN BALANCE GH¢…….……...…

ACCOUNT NO: …….……..…. DEBIT BALANCE GH¢……...

SAVINGS BALANCE: GH¢ …….…… EMERGENCY BAL GH¢…….……...…

SHARE BALANCE GH¢ ……. AMOUNT APPROVED GH¢……

CREDIT BALANCE GH¢……..