Email:customercare@nkwazicoop.com
Phone: 260211284623 / 260956797729
Plot: 36 Senama Park, Ibex Hill. Lusaka
Website: www.nkwazicoop.com

NKWAZI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

"Improving Livelihoods"

SAVINGS WITHDRAW FORM

I hereby apply to withdraw/transfer from indicated saving(s) account and agree to conform to the SAVINGS ACCOUNTS rules and any amendments thereof.

A: APPLICANT DETAILS

As they appear on NRC

Full Names:

NRC No:

Bank Name:

Account No:

Account Name:

Tick (√) Saving(s) Product withdrawing from:

	Savings Product	(Tick)	Amount
1	Emergency		
2	Education		
3	Retirement		
4	Money Market		
5	Vacation		
6	Nkwazi Ordinary savings		

Branch Name: Cell: Employment Status: **Employed** **Informal**

Email Address:

C: NOMINATED NEXT OF KIN

I the undersigned, in the event of my death whilst a member of Nkwazi, hereby instruct the Society to transfer all benefits due to me less any debts to the Society, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

Nominated Next of Kin (Full Names)

Relationship

Cell No: Address:

I hereby authorize you to transfer **ZMW** per month/once off from my Nkwazi Ordinary Savings/ Bank Account to my indicated savings account(s) above with effect from until further notice.

Applicant Signature: _____ **Date:** _____

Official Use Only

Loan Balance:		Net Savings:		Maximum Allowable (Net Savings X (E/ Rate)):		Appraised By:	
Savings Balance:		Eligible Rate:		Authorized Withdraw:		Signature:	
Reviewed By:			Date:		Comment:		
General Manager:	Sign:		Date:		Comment:		
Credit Committee							
Member:	Sign:		Date:		Comment:		
Member:	Sign:		Date:		Comment		
Chairperson:	Sign:		Date:		Comment		