

CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD.

35 Selegie Road #04-01, Parklane Shopping Mall, Singapore 188307
 Tel: +65 6338 4890 Fax: +65 6338 4870 Email: cccsl@singnet.com.sg

PV No: _____

Date: _____

(I) SAVING WITHDRAWAL FORM

The Hon Treasurer
 CUSTOMS CREDIT CO-OPERATIVE

Dear Sir

I wish to withdraw \$ _____ from my Savings account.

 Signature NRIC No: _____

BRANCH: _____

 Name REGN NO: _____

Date: _____

(II) OFFICIAL USE

Savings as at _____ \$ _____

Amount Approved: _____ \$ _____

Amount Balance: _____ \$ _____

(III) ACKNOWLEDGMENT

I, undersigned, acknowledge receipt of a cheque No: _____

for \$ _____ in the presence of

Signature of member	Date	Name & Signature of Witness