



Progressive MOBIL EMPLOYEES MULTI-PURPOSE COOPERATIVE SOCIETY, AKWA IBOM STATE.

www.procoopnigeria.com

MPN, QIT, IBENO, AKWA IBOM STATE

SAVINGS WITHDRAWAL FORM

(Please complete section 1-4 only on this form in block letters)

1. MEMBER'S DETAILS:

NAME (Surname First)

Company.....Dept. / Location.....Employee Sharp ID

GSM number..... Tel Ext.....

ADDRESS:

2. CASH REQUEST DETAILS:

Amount Requested in Words

..... Amount Requested in figures (=N=).....

3. GUIDELINES:

- ✓ Maximum Amount is Five hundred thousand naira (= N= 500,000) only and not exceeding One quarter (1/4) OR 25% of Member's Total Saving Balance.
- ✓ Frequency is once in a year.
- ✓ Treatment of applications shall be on "first come first served" basis and subject to availability of fund.
- ✓ Completed, signed and executed application is irrevocable.

4. AUTHORIZATION:

Name of Applicant..... Signature/date.....

FOR OFFICIAL USE ONLY:

5. REVIEWER:

Member's Total Savings:..... (=N=))

Member's Monthly Savings:..... (=N=))

This application has been reviewed and is approved / rejected. The applicant is recommended for the sum of (=N=))

Name:..... Signature:..... Date:.....

6. FINAL APPROVAL

Name:..... Signature:..... Date:.....