



CITIPOINT CREDIT CO-OPERATIVE LTD

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UEN: S25CS0003C

SPECIFIC DEPOSIT ACCOUNT WITHDRAWAL FORM

NAME : _____

REG NO : _____ DATE: _____

DEPT: _____ PHONE/HP NO: _____

I/c NO: _____ Email: _____

PAYEE'S PAYNOW/BANK ACCOUNT: _____

I wish to withdraw \$ _____ from my specific deposit account.

Signature of member

FOR OFFICIAL USE

SPECIFIC DEPOSIT BALANCE AS AT: _____ \$ _____

Signed by Chairman: _____