



Botswana Public Officers SACCOS  
P. O. Box 1682 AAD Poso House  
Gaborone, Botswana  
Tel: (+267) 397 2048; 71262000  
[www.bposaccos.co.bw](http://www.bposaccos.co.bw)  
Plot: 50667 Fairgrounds, Block B

DCD Registration No. 261/2013

## SAVINGS WITHDRAWAL FORM

### 1. MEMBERS DETAILS

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	GENDER(✓)	M <input type="checkbox"/>	F <input type="checkbox"/>	
RESIDENTIAL ADDRESS	<input type="text"/>	OFFICE LINE	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>		
MOBILE 1	<input type="text"/>	MOBILE 2	<input type="text"/>	MOBILE 3	<input type="text"/>

### 2. WITHDRAWAL DETAILS

- 2.1 The first withdrawal is permitted after 24 months of membership.
- 2.2 The maximum withdrawal allowed is one-third of the savings contribution.
- 2.3 Only one withdrawal is permitted every 24 months.
- 2.4 If savings are used as security against loan withdrawal not allowed.

TOTAL SAVINGS:	B	W	P	<input type="text"/>
WITHDRAWAL AMOUNT:	B	W	P	<input type="text"/>

### 3. BANKING DETAILS FOR EFT PAYMENTS

Kindly attach bank account confirmation, e.g., the latest bank letter/statement or payslip (must not be older than 3 months)

ACCOUNTS HOLDERS NAMES	<input type="text"/>
BANK NAME	<input type="text"/>
BRANCH NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>
BRANCH CODE	<input type="text"/>

I hereby declare that the information provided above is correct and duly authorized by myself, \_\_\_\_\_ (signature)

### 4. DECLARATION

I, the undersigned,

I hereby declare that the details furnished above are true and correct to the best of my knowledge. I believe and undertake to inform you of any changes therein immediately. If the above information is found to be false, untrue, or misrepresenting, I am aware that I may be liable for that.

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>		

