



FEDERAL ROAD SAFETY CORPS SULEJA STAFF COOPERATIVE THRIFT AND LOAN SOCIETY (FSS-CTLS)

MEMBERSHIP WITHDRAWAL FORM

NAME: RANK: PIN:

COMMAND: PHONE NO:

BANK: ACCOUNT NO:

MONTHLY CONTRIBUTION (₦):

CURRENT TOTAL CONTRIBUTION (₦) (If known):

I hereby apply to withdraw my membership with FSS-CTLS. I confirm that I have provided the above information and accept the terms and conditions governing FSS-CTLS membership withdrawal:

Signature:

Date:

FOR OFFICIAL USE ONLY:

Financial Secretary:

Total contribution: Outstanding Loan:

Recommendations: Sign/Date:

President:

Remarks:

Amount approved: Sign/Date:

Note: Disbursement for total membership withdrawal takes 3 months from receipt of this notification and pay a non-refundable fee of ₦1,000 into FSS-CTLS First Bank Account 2041556018 and attach evidence