



# Education Savings

## Withdrawal form

SL 3

Membership Number:	Branch:
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### Personal Details

First Name:	Last Name:	
Birth:	Gender:	Marital Status:
Location (Residing Town):	Email:	
Mobile:	Phone:	
Province (Where member resides):	Region:	

### Employer Details

Company Name:	Email:
Phone:	Mobile:
Address:	

### Payment Details

Please attach all relevant documentation/invoices pertaining to the payments. Incomplete application will not be entertained. All payments will be made payable to the school/institution, supplier, etc only

#### Payment Details 1

School, Instit/ Supplier:	Account Number:
Branch (BSB):	Bank:
Address:	Amount (K):
Students Name (If applicable):	Type: <input type="radio"/> school <input type="radio"/> Instit <input type="radio"/> supplier <input type="radio"/> other

#### Payment Details 2

School, Instit/ Supplier:	Account Number:
Branch (BSB):	Bank:
Address:	Amount (K):
Students Name (If applicable):	Type: <input type="radio"/> school <input type="radio"/> Instit <input type="radio"/> supplier <input type="radio"/> other

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### Payment Details 3

School, Instit/ Supplier:	Account Number:
Branch (BSB):	Bank:
Address:	Amount (K):
Students Name (If applicable):	Type: <input type="radio"/> school <input type="radio"/> Instit <input type="radio"/> supplier <input type="radio"/> other

### Payment Details 4

School, Instit/ Supplier:	Account Number:
Branch (BSB):	Bank:
Address:	Amount (K):
Students Name (If applicable):	Type: <input type="radio"/> school <input type="radio"/> Instit <input type="radio"/> supplier <input type="radio"/> other

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### Declaration

I certify that the information provided on this form is true and accurate. I accept ncs1's Terms & Conditions which apply to my account(s) and transactions that I conduct on my account(s)

Signature of Applicant:	Name:
	Date:

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**\*Note:** A holding balance of K50.00 must always remain in your Education Savings Account. Also ensure to attach a copy of your bank statement if nominating the account to NCSL for the first time.

### Office Use:

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Processing Officer:	
Approval Officer:	
Signature: <input type="radio"/> Approved <input type="radio"/> Deferred <input type="radio"/> Rejected	Notes:

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