



APPLICATION FORM FOR WITHDRAWAL

PERSONAL DETAILS (PLEASE WRITE IN BLOCK)

NAME OF APPLICANT (as in NRIC):

STAFF NO.:

MOBILE:

OFFICE TEL:

HOME ADDRESS:

NAME OF BANK / BRANCH

BANK ACCOUNT NO:

NAME OF COMPANY:

DEPARTMENT:

LOCATION:

EMAIL ADDRESS:

Withdrawal application will take a week to process.	
	AMOUNT (S\$)
SUBSCRIPTION A/C	
SPECIFIC DEPOSIT A/C	
TOTAL	

DECLARATION:-

All Statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I have read and understood the Co-operative's Personal Data Protection Policy. I hereby consent to the Co-operative collecting, using and disclosing my personal data for the purposes set out therein, in particular, to the disclosure of my personal data in accordance with the Personal Data Protection Act.

Applicant's Signature / Date

Personal Data Protection Policy may be downloaded from www.stcoop.sg/images/pdpa.pdf