

POLICE SAVINGS ASSOCIATION LTD (PSAL)

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PARTIAL WITHDRAWAL OF SAVINGS

Membership No.	<input type="text"/>	Station:	<input type="text"/>
Name:	<input type="text"/>	Address:	<input type="text"/>
Rank:	<input type="text"/>	File/Force No.	<input type="text"/>
		Tel No.	<input type="text"/>
IPPS No.	<input type="text"/>	Email:	<input type="text"/>
Department:	<input type="text"/>		

Amount in words:	Amount in figures:
<input type="text"/>	<input type="text"/>

Reason for withdrawal:

(Attach a copy of National ID)

Signature:	<input type="text"/>
Date:	<input type="text"/>

Bank Details (Beneficiary)

A/C Name:	<input type="text"/>
A/C No:	<input type="text"/>
Bank Name:	<input type="text"/>

FOR OFFICIAL USE ONLY

Savings A/C Details

Current Savings Balance:	<input type="text"/>
Amount to Withdrawal:	<input type="text"/>
Last Withdrawal Date:	<input type="text"/>
Amount Withdrawn:	<input type="text"/>
Loan Balance:	<input type="text"/>
Checked By:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Chairperson's Decision

Date:	<input type="text"/>
Comments:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Amount Approved:	<input type="text"/>
Declined:	<input type="checkbox"/>
Signature:	<input type="text"/>

Payment:

Amount:	<input type="text"/>		
Cheque No:	<input type="text"/>		
Signature for paying officer:	<input type="text"/>		
Date:	Member's Signature:	<input type="text"/>	
	Date:	<input type="text"/>	