



# WITNESS STATEMENT

I certify that I have satisfied myself as to the identity of the member named on this withdrawal application.

NAME OF WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

QUALIFICATION OF WITNESS \_\_\_\_\_

ADDRESS OF WITNESS \_\_\_\_\_

OFFICIAL STAMP (IF ANY):

**QUALIFICATIONS**  
The witness may be the Member’s Employer, a Bank Manager, a Judge, a Magistrate, Minister of Religion, a justice of Peace, a Solicitor, a Police Officer not below the rank of sergeant, a Head School Teacher, a Medical Practitioner, a Public Officer holding a post of or above level 5, a Commissioner of Oaths.

## OFFICIAL USE ONLY

Members Accounts/Personal Details checked by Supervisor (CS) \_\_\_\_\_ DATE \_\_\_\_\_

Members Pledge Account checked by Pledge Officer \_\_\_\_\_ DATE \_\_\_\_\_

Withdrawal checked and Authorized by Assistant Manager (MS) \_\_\_\_\_ DATE \_\_\_\_\_

Contribution in Ledger at \_\_\_\_\_ \$ \_\_\_\_\_

Additional interest due at \_\_\_\_\_ \$ \_\_\_\_\_

Total Payable \_\_\_\_\_ \$ \_\_\_\_\_

CHECKED BY SENIOR ACCOUNTANT \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT VOUCHER NO. \_\_\_\_\_ CHEQUE NO. \_\_\_\_\_ WITHDRAWAL \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED BY ASSISTANT MANAGER FINANCE \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED AND AUTHORIZED BY MANAGER FINANCE \_\_\_\_\_ DATE \_\_\_\_\_