



**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