SCHOOL IMPROVEMENT GRANT

WITHDRAWAL FORM

Name of the school: ……..

Name of the H/M/ Principle/ VP: …… NIN/PP.No: ……

Signature: …… Mobile No: …….. Date: ……..

Region: …… Email: ……

The School Address: ……

School SIG Account No: …… Date: ……

Would like to withdraw D: …….. B: …… from School SIG Account

Amount In words: ……

School Signatories (Any Two).

(A). Full Name: …… NIN/PP. No: ……