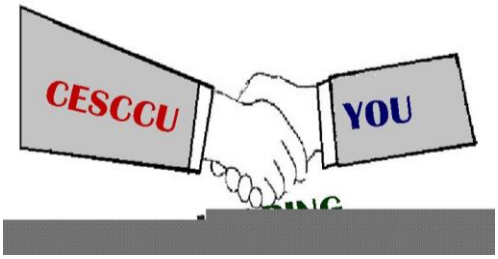
CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob: 9928024

SCHOOL IMPROVEMENT GRANTS.

WITHDRAWAL FORM. FORM NO:……

Name of the School: ……..

Name of the H/M / Principal / 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:…… Sign: ……

Tel / Mobile no:…… Position: …… Date: ……

Residential address: …… Region:……

(B). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……

……

FOR OFFICIAL USE ONLY.

Total amount saved D…… B……

Money paid out D…… B……..

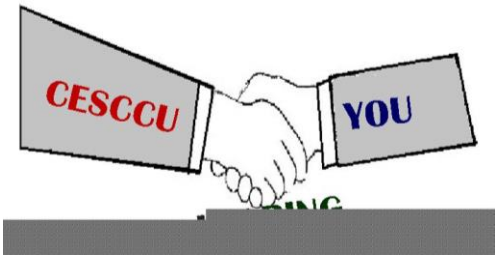
Balanced D…… B……..

Out-Voucher No: …… Cheque No: ……

Manager/ Fin. Officer / Teller:…… Sign:…… Date:……

No payment will be accepted or paid out at CESCCU /SBO office without your SIG passbook.

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob: 9928024/7030062

APPLICATION FORM.

SOCIETY / COMMITTEE MEMBERSHIP.

FORM NO----------

Name of the Society / Committee: ……

Location: ……..

Region: ……..

The amount you are willing to **save monthly or at any given time:**

In figures: D…… B: ……

Amount in words: ……..

Society / Committee Account No: ……

Society / Committee Signatories (Any two).

(A). Full name: …… NIN/PP.NO:…… Sign: ……

Tel / Mobile no: …… Position: …… Date: ……

Residential address: …… Region:……

(B). Full name: …… NIN/PP.NO:…….,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……

(C). Full name: …… NIN/PP.NO:…….,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……

(D). Full name: …… NIN/PP.NO:…….,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……..

……

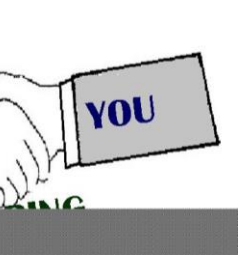
FOR OFFICIAL USE ONLY.

Chairperson: …….. Date :……

Manager / Treasurer: …….. Date: ……..

No payment will be accepted or paid out at CESCCU office without your Society or Committee passbook

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

TIN. 1011575230

APPLICATION FORM.

SCHOOL IMPROVEMENT GRANTS. FORM NO:……

Name of the School: ……

Location: ……..

Region: ……..

The amount you are willing to **save monthly or at any given time:**

In figures: D…… B: ……

Amount in words: ……..

School Account No: ……

School Signatories (Any two).

(A). Full name: …… NIN/PP.NO:…… Sign: ……

Tel / Mobile no: …… Position: …… Date: ……

Residential address: …… Region:……

(B). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……

(C). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …… Date: ……

Residential address: …… Region:……

(D). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …….. Date: ……

Residential address: …… Region:……..

……

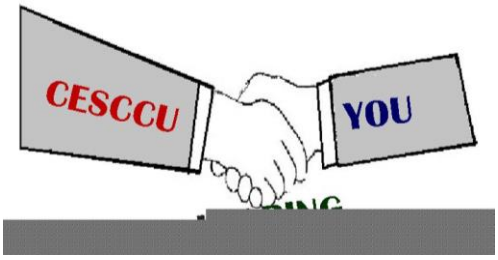
FOR OFFICIAL USE ONLY.

Chairperson: …….. Date :……

Manager / Treasurer: …… Date: ……..

No payment will be accepted or paid out at CESCCU office without your SIG passbook.

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob**:** 9928024

SCHOOL IMPROVEMENT GRANTS.

WITHDRAWAL FORM. FORM NO:……..

Name of the School: ……..

Name of the H/M / Principal / VP: …….. .NIN /PP. NO……

Signature: …… Mobile No: …… Date: ……

Region: …… Email:……..

The School address: ……..

School SIG account No: …… Region:…… Date: ……

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

Amount in words: ……..

School Signatories (Any two).

(A). Full name: …… NIN/PP.NO:…… Sign: ……

Tel / Mobile no:…… Position: …….. Date: ……

Residential address: ……**Region: ……**

(B). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …….. Date: ……

Residential address: ……**Region**:……..

……

FOR OFFICIAL USE ONLY.

Total amount saved D…….. B……

Money paid out D…….. B……..

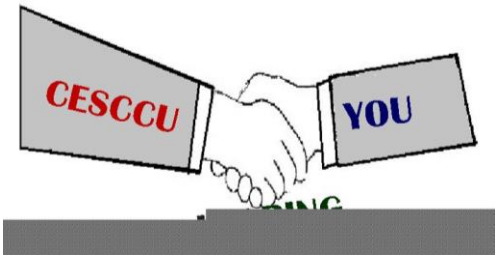
Balanced D…….. B……..

Out-Voucher No: …… Cheque No: …… **Region: ……..**

SBO's Name :…….. Sign: …… Date :……..

No payment will be accepted or paid out at SBO's office without the School SIG passbook.

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION. (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob**:** 9928024/7030062

TIN. 1011575230

SOCIETY / COMMITTEE WITHDRAWAL FORM.

FORM NO----------

Name of the Society / Committee: ……

Address: ……

Location: ……..

Region: ……..

Account No: …… Date: ……

Would like to withdraw from the Society/Committee account the sum of **:**

In **figures**: D…… B: ……

Amount in **words**:……..

Account Signatories (Any two).

(A). Full name: …… NIN/PP.NO:…… Sign: ……

Tel / Mobile no: …… Position: …… Date: ……

Residential address: …… Region:……

(B). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :…… Position: …….. Date: ……

Residential address: …… Region:……

……

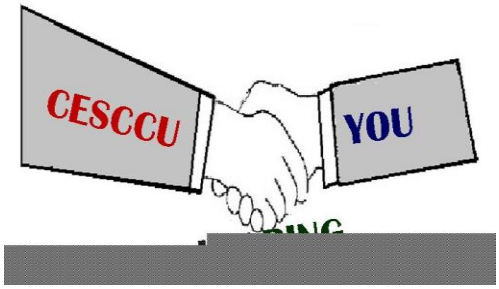
FOR OFFICIAL USE ONLY.

Chairperson: …….. Date :……

Teller / Manager / Treasurer: …… Date: ……

No payment will be accepted or paid out at CESCCU /SBO office without your Society or Committee passbook

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU)



C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob**:** 9928024/7030062

APPLICATION FORM

JOINT ACCOUNT. FORM NO:……

Name (s): ……

Location / Address: ……

Region: ……

The amount you are willing to **save monthly or at any given time:**

Amount In figures: **D**…… **B:** ……

Amount in words: ……

Account No: ……

Signatories (Single or any two).

(A). Full name: ……NIN/PP.NO:…….. Sign: ……

Tel / Mobile no: ……Occupation:…… …….. Date: ……

Residential address: ……Region:……

(B). Full name: …… NIN/PP.NO:…….,,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :……..Occupation:…… …….. Date: ……

Residential address: ……Region:……..

(C). Full name: …… NIN/PP.NO:…….,,,,,,,,,,,,,,,,…, Sign: ……..

Tel / Mobile no :……..Occupation:…… …….. Date: ……

Residential address: …… Region:……

……

FOR OFFICIAL USE ONLY.

Chairperson: …….. Date :……

Manager / Treasurer / Teller: …….. Date: ……

No payment will be accepted or paid out at CESCCU office without your JOINT ACCOUNT PASSBOOK.

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION LTD (CESCCU).

C/o Catholic Mission

P.O. Box 165, Banjul

The Gambia

Tel: (220) 4374945, Mob**:** 9928024/7030062

Fax: (220) 4374945/Mob: 9274185/6298960

Cescu97@yahoo.com

TIN. 1011575230

WITHDRAWAL FORM

JOINT ACCOUNT. FORM NO:……..

Name(s): ……

Address: ……

Location: ……..

Region: ……..

Joint Account No: …… **Date:** …… Mob. No: ……

Would like to withdraw from the **Joint Account** the sum of **:**

Amount In **figures**: D…… B: ……

Amount in **words**: ……..

Account Signatories (Single or any two).

(A). Full name: …… NIN/PP.NO:…….. Sign: ……

Tel / Mobile no: …… Occupation: …….. Date: ……

Residential address: …… Region:……

(B). Full name: …… NIN/PP.NO:……,,,,,,,,,,,,,,,, Sign: ……..

Tel / Mobile no :……Occupation. …….. Date: ……

Residential address: …… Region:……

……

FOR OFFICIAL USE ONLY.

Chairperson: …….. Date :……..

Teller / Manager / Treasurer: …… Date: ……

No payment will be accepted or paid out at CESCCU / SBO office without your JOINT Account passbook