



THE SINGAPORE TEACHERS' CO-OPERATIVE SOCIETY LTD
 150 Changi Road #02-06 Guthrie Building Singapore 419973
 Tel: 64404393 Fax: 64403382

Dear Sir

Application No: BS/

PRE-MATURITY WITHDRAWAL OF BONUS SAVING (1 / 2)

I wish to withdraw \$ _____ (dollars _____)

From my Bonus Saving account. I furnish below the necessary particulars.

Name Mr/Mrs/Mdm/Miss _____ Nric No: _____

School _____ School code _____

Home Address _____
 Singapore (_____)

Contact No _____

Cease monthly deduction

To continue monthly deduction

Transfer to General Saving A/C

Monthly deduction transfer to GS A/C

Email Address _____

My Bank Account No : POSB/DBS/OCBC/UOB _____

Yours faithfully

 Signature

 Date

FOR OFFICE USE

A. Bonus Saving 1 : \$ _____ monthly w.e.f. _____

Bonus Saving 1 : Balance as at (_____): \$ _____

Bonus Saving 2 : \$ _____ monthly w.e.f. _____

Bonus Saving 2 : Balance as at (_____): \$ _____

B. Interest on Bonus Saving

Bonus Saving 1 deposit period _____

Interest on Bonus Saving 1 : \$ _____

Bonus Saving 2 deposit period _____

Interest on Bonus Saving 2 : \$ _____

Amount A: \$ _____

Cheque No _____ B: \$ _____

on _____ Total approved: \$ _____

 Hon Treasurer

 Signature/Date