



THE SINGAPORE TEACHERS' CO-OPERATIVE SOCIETY LTD
150 Changi Road #02-06 Guthrie Building Singapore 419973
Tel: 64404393 Fax: 64403382
Email: cs@teachersco-op.org.sg
Website: www.teachersco-op.org.sg

Date: _____

The Hon. Treasurer

Dear Sir,

PRE-MATURITY WITHDRAWAL OF TERM DEPOSIT

This is to inform you that I wish to make the above withdrawal of my Term Deposit

No: _____

Collection Method:

☐ Deposit into POSB* / DBS* / UOB* / OCBC* A/C No: _____
(Please note that we are only able to do deposit for the above-named banks)

NOTE: * ONLY IF THIS FORM IS SIGNED UPON SUBMISSION

Name (as in NRIC): _____

NRIC No: _____ Contact No: _____ (Home) _____ (Mobile)

Home Address: _____

_____ Singapore ()

School (if applicable): _____

Yours faithfully,

Signature / Date