



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

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 _____ Email Address _____

Cease monthly deduction ☐
To continue monthly deduction ☐
Change monthly deduction to GS A/C ☐
Transfer payment to General Saving A/C ☐

Collection Method:

- ☐ Self-Collection
☐ By Post*
☐ Deposit into POSB* / DBS* / UOB* / OCBC* A/C No: _____

(Please note that we are only able to do a cheque deposit for the above-named banks)

* Only if this form is signed upon submission

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: \$ _____

Chairman / Hon Treasurer

Internal Auditor

Signature/Date