

VoucherNo.....

Amount.....

Bank Name.....

Cheque No.....

Date.....

GOVT EMPLOYEES (URBAN) CO-OPERATIVE

THRIFT & CREDIT SOCIETY LTD.

159, 160, 161, 1ST Floor, Cycle Market, (OPP, Videocon Tower),

Jhandewalan Extn, New Delhi-55

Tele: 011-41554806, 011-4350127

Form for CD/LLSM Withdrawal

1. Name of the Member : _____
2. Society Account Number : _____
3. Present Residential Add. : _____
4. Office Address : _____
5. Post held & Basic Pay : _____
6. *Amount withdrawn from CD : _____
7. *Amount withdrawn from LLSM : _____
8. CD balance of after withdrawal : _____

Date:

Signature _____

Mobile No. _____

*A Member is required to retain Rs. 50,000/- (Rupees Fifty Thousand Only) in his CD Account.
Such cases would be settled only on 3rd Saturday of each