Withdrawal

Postbank
Your Bank

Date Y Y Y Y M M D D

Account Number

Identity Number

Identity Number
(Joint/Group 2nd member))

Tel no. / Cell no 1st _____

Tel no. / Cell no 2nd _____

Account Holder(s) / Group name _____

Address _____

Amount requested

R

Amount In Words

_____

Signature (s) 1st _____

Signature (s) 2nd (Joint/Group only) _____

Signature (s) 3rd _____

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