The Postal & RMS Employees Coop Bank Ltd

AMBALA CANTT 133001 Customer Care 8400870080

CTS WITHDRAWAL FORM

Account / Membership No. _____ Postal ID

Name of Member _____ Date of Birth _____

Father's /Husband Name_____

Office Address _____

Aadhar No. _____ PAN No. _____

I hereby request for withdrawal of CTS amount after retaking the minimum required Balance as per rules of the Bank and may be credited in my Account No. _____of _____ (Bank Name) _____ (branch Name) with IFSC Code _____.

Signature of Member

(Please enclose copy of Adhar, PAN and cancelled cheque for direct credit in the account of Member maintained with the bank)

For Bank's Use Only

Amount of Credit in the CTS of the Member _____

Less Minimum Balance required 10000/-

Net Amount Payable (Rounded to nearest Rs 100) _____

Whether the member's Loan is regular YES / NO

Certified that the member is entitled / Not entitled for withdrawal of CTS amount of Rs. _____

Entered By Checked by

NEFT

Cheque No._____ Sanctioned Rs. _____

Manager