

SERVICE WORKER CREDIT UNION

FULL WITHDRAWAL FORM

To: The Secretary Treasurer, Service Worker Credit Union

	EDP/FNPF NO./EMP.NO	
shares with effect from	_department would like to request fo	r a full withdrawar of my
I hereby give SWCU the aut that a fee of \$15 will be dedu	hority to offset my loan from my sha ucted upon full withdrawal].	res if any. [Please note
	Date:	
Office Use Only:		
Details of the account		
Savings:		
Loans:		
Full Withdrawal Fee: \$15.00		
Decision of the Secretary	Treasurer:	
Approved	Not Approved	
Signature:	Date:	

[Please return this form duly completed to your nearest FPSA Branch Office or the Secretary Treasurer, SWCU, P O BOX 1405, Suva Email: <u>swcu2016@gmail.com</u>, Fax 3317345 | Mobile (Vodafone : +679 8936901) | (Digicel : +679 7777345)