



**AIICO INSURANCE STAFF COOPERATIVE  
MULTIPURPOSE SOCIETY LIMITED  
{LSCS 7989}**

*Date:* \_\_\_\_ / \_\_\_\_ / 201\_\_

**NAME:** \_\_\_\_\_

**Amount refunded as over deduction (=N=** \_\_\_\_\_ **)**

**Amount of Target Saving Withdrawal Granted (=N=** \_\_\_\_\_ **)**

**Full Payment on Resignation (=N=** \_\_\_\_\_ **)**

**Cheque No.** \_\_\_\_\_ **Dated** \_\_\_\_\_

**Prepared by Treasurer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval Signature:**

**President:** \_\_\_\_\_

**Cheque / Cash: =N=** \_\_\_\_\_ **collected by**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_