



Cupar Community Centre  
 Castlehill, Cupar,  
 Fife KY15 4HA  
 Phone No. 01334 652441  
 email: nefifecreditunion@btconnect.com

**Share Withdrawal Application**

Date Applied \_\_\_/\_\_\_/\_\_\_ Account No. \_\_\_\_\_

Name \_\_\_\_\_ (BLOCK LETTERS)

Present Address \_\_\_\_\_

\_\_\_\_\_ I wish to transfer to my Loan A/C

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone No. \_\_\_\_\_

Present share balance	£	
I wish to withdraw shares of	£	
I wish to transfer to my Loan A/C	£	
New share balance	£	
Present Loan balance	£	
(If applicable)		

I request a Bank transfer(BACS) on Date \_\_\_/\_\_\_/\_\_\_ Name as on bank account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Sort-code: \_\_\_-\_\_\_-\_\_\_ Account No. \_\_\_\_\_

I Request a Cheque dated \_\_\_/\_\_\_/\_\_\_ to be collected from \_\_\_\_\_ (please state collection point)

Members signature: \_\_\_\_\_

<p><b>For office use only</b></p> <p>Members signature Verified Date: ___/___/___ Initials: _____</p> <p>Credit Committee approval (if Required) Date: ___/___/___ Initials of two committee members: 1) _____ 2) _____</p>
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**On Receipt of Funds**

Cheque No: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ Amount withdrawn £ \_\_\_\_\_

Member's signature: \_\_\_\_\_ New Share Balance £ \_\_\_\_\_

Witness Signature: \_\_\_\_\_ (Teller) Account No. \_\_\_\_\_

Witness Signature: \_\_\_\_\_ (Teller) Account No. \_\_\_\_\_

Witnesses should compare signatures by member and ID if not known personally at collection point

Transaction No. \_\_\_\_\_ Date completed: \_\_\_/\_\_\_/\_\_\_ Amount transferred £ \_\_\_\_\_

New Share Balance £ \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_ Account No: \_\_\_\_\_

2nd Confirming signature: \_\_\_\_\_ Account No: \_\_\_\_\_