SAVING WITHDRAWAL APPLICATION CUM RECIEPT

Applicant Name: _____

Applicant Address: _____

_____

_____

Account No. _____ **Monthly Saving Rs.** _____

Date: _____

To
The Secretary
MWS HAKIMI QARZAN HASANA TRUST
Fida mansion, 4 Bibijan Street,
Mumbai- 400 003
I/We request you to allow me/us to withdraw Rs._____From my/ our Saving account
lying Balance of Rs._____**With yur Trust, as on Date** _____

_____
Applicant Signature

RECIEPT

I/We have received from MWS HAKIMI QARZAN HASANA TRUST THE SUM OF Rs. _____
Rupees (in words) _____
by Cheque No._____**Date**_____**drawn on the Bank of Baroda Crawford Market Branch towards withdrawals of my/ our savings.**

Revenue Stamp

FOR OFFICE USE

Last Year Balance	Current Year Saving	Saving Withdrawls	Net Saving Amount	K.H.Balance		Guarantor to for
				Loan No.	Rs.	
Rs.	Rs.	Rs.	Rs.			Rs.

Sanctioned Rs._____ Accepted/Rejected

_____
OFFICE INCHARGE

_____
HON. SECRETARY

REMARKS

****Note: (1) In case of Account Close Letter from Account Holder is Required**
(2) This Application must be submitted along with Saving Passbook.