



STEADFIN  
Many lives. Many futures

**STEADFIN UGANDA SACCO**  
**SAVINGS WITHDRAWAL FORM**

1. Name of Applicant.....

2. Name of Approved Trustee .....

3. Registration Number:

4. Amount requested: Ugx

5. Amount requested in Words.....

6. Account to be Debited:

Tick	Distribution	A/c NO	AMOUNT (Ushs)
	Free Savings		
	Loan Guarantee		
	Special Purpose		
	Young Star Savings		
	<b>TOTAL</b>		

Member's Signature.....Date:.....

**For Official Use:**

Current Balance

Less:

Minimum Balance

Available balance

Approved amount

Official Remarks

Checked By (Finance Officer):..... Date.....

Approved By (Operations Manager):.....Date .....