CABS

A Member of the OLDMUTUAL Group

CASH WITHDRAWAL SLIP

Account Number | | | | | | | | | | |

Account Type (*Tick Applicable*) Savings ☐ Transactional ☐

Account Currency (Please tick applicable) USD ☐ BOND ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐ OTHER _____

The Manager: You are authorised to debit my ACCOUNT as specified below.
(The Society accepts no responsibility in connection with this request)

Name: _____ Address: _____

Tel No.: _____ Withdrawal Currency (*Tick Applicable*) USD ☐ BOND ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐

Amount *(In figures)* | | |

Amount *(In words)*: _____

Authorised Signature(s): _____ _____ Date: _____

FOR OFFICE USE ONLY

TELLER'S STAMP AND INITIALS

Cash Breakdown (Specify Currency Paid) _____

500	200	100	50	20	10	5	2	1	Other

Amount to Close Account (Where Applicable) _____

Customer Positively Identified and Details Verified By _____ Payment Authorised By _____

Cash Received By: _____

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