

JARI Employees Co-operative Credit Society Limited

Vr. NO. _____

P.O. NILGUNJ, BARRACKPORE

Date: _____

WITHDRAWAL FORM

M.S. NO. _____

Name.....

RS.....(Rupees.....)

Account No.....

L.F. No.....

C.B.F. No.....

Signature of depositor
in Full.

Pay Rs.....
Secretary/Treasurer

Checked by.....

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