

This withdrawal is subject to the Terms and Conditions covering this account.

ACCOUNT NUMBER		DATE
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ACCOUNT NAME	
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Validation	Post-verified By:

AMOUNT IN WORDS	
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AMOUNT IN FIGURES	
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I/We declare under the penalties of perjury that my/our co-depositor/s is/are still living.


SIGNATURE/S OF DEPOSITOR/S	
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WITHDRAWAL THROUGH REPRESENTATIVE

I/We authorize _____, whose specimen signature appears below, to effect this withdrawal for and in my/our behalf.

Signature/s of Depositor/s



ID Presented	Signature of Representative
	

CASH BREAKDOWN		
DENOMINATION	NO. OF PIECES	AMOUNT
1,000.00		
500.00		
200.00		
100.00		
50.00		
20.00		
10.00		
COINS	5.00	
	1.00	
	0.25	
	others	
	TOTAL AMOUNT (in Figures)	

Cash Received By: (Must be signed in the presence of the CSA-Teller)	
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