



WITHDRAWAL SLIP

DATE: _____

Please Check:

DIVIDEND/PATRONAGE REFUND

IF THE MEMBER CHOOSES TO:

withdraw the whole balance of DIV/PR for the semester

withdraw a certain amount only,
 (please specify the amount) P _____

SAVINGS WITHDRAWAL (for members with Savings Account
 please specify the amount) P _____

PASSBOOK NO.:

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Received from BJMP MULTI-PURPOSE COOPERATIVE the sum
 of Pesos _____ P

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 SIGNATURE OF DEPOSITOR

 PRINTED NAME

 Unit Assignment/Region

Mobile No. _____

NOTE: NAME OF AUTHORIZED REPRESENTATIVE MUST BE WRITTEN BY
 THE DEPOSITOR HIMSELF

I HEREBY AUTHORIZE _____
 (NAME OF REPRESENTATIVE)

WHOSE SIGNATURE APPEARS BELOW TO MAKE THIS WITHDRAWAL
 FOR ME

 SIGNATURE OF AUTHORIZED
 REPRESENTATIVE

 SIGNATURE OF DEPOSITOR

NOTE: AUTHORIZED REPRESENTATIVE MUST PRESENT HIS AND
 DEPOSITOR'S BJMP MPC PASSBOOK AND I.D.

 SIGNATURE OF RECEIPT

Remarks	Posted by:	Verified by:	Approved by:

LBP ACCOUNT No. _____