



Republic of the Philippines
Office of the President
Cooperative Development Authority
BJMP MULTI-PURPOSE COOPERATIVE
BJMP MPC Building, Mindanao Avenue, Quezon City

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.:

--	--	--	--	--	--	--	--

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. _____



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