RECURRING DEPOSIT SCHE	EME (R.D.S.) WI	THDRAWAL FORM
Name:	Designation:	L.F. No.:
Office:	Mo. No.:	Date:
To, The Secretary, The Income-tax Department Employees' Co-Op Credit Society Gujarat, Ahmedabad. Sir, Please allow me to withdraw ₹/- (Refrom my Recurring Deposit Scheme Account with the Society.		
Verification:		Yours Faithfully,
Balance Due:		Signature of Member
Received ₹Rs		
In cash/by Cheque No dt dt I.Revenue stamp of Rs.1/- required, if the withdrawal exceeds Rs.4,999/- II. In the case of withdrawal exceeds Rs.10,000/-, payment will be n		Affix ₹.1 Revenue Stamp & Sign Across Signature of Member
RECURRING DEPOSIT SCHEME (R.D.S.) WITHDRAWAL FORM		
Name:	Designation:	L.F. No.:
Office:	Mo. No.:	Date:
To, The Secretary, The Income-tax Department Employees' Co-Op Credit Society Gujarat, Ahmedabad. Sir, Please allow me to withdraw ₹/- (Refrom my Recurring Deposit Scheme Account with the Society.)
Verification:		Yours Faithfully,
Balance Due:		
		Signature of Member
Received ₹ Rs		
In cash/by Cheque No dt		Affix ₹.1
 I. Revenue stamp of Rs.1/- required, if the withdrawal exceeds Rs. II. In the case of withdrawal exceeds Rs.10,000/-, payment will be n 		Revenue Stamp & Sign Across Signature of Member