



SOLITRUST INVESTMENT THRIFT & CREDIT COOPERATIVE SOCIETY LIMITED

Head Quarter: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.

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CASH INVESTMENT ADDITION/REDUCTION

DATE: _____

SOLITRUST Account Number: _____ Name: _____

Address: _____ Phone Number: _____

Request Type. (Please tick the type of Request.)

a) **Cash Investment Reductions – Date Cash Require :** _____

***Commercial Bank Name:** _____ ***Account Number:** _____

Details of current Investment.

Amount in Words: _____

Amount in Figure: _____

Amount to be withdrawn or reduced.

Amount in Words: _____

Amount in Figure: _____

Balance after deduction.

Amount in Words: _____

Amount in Figure: _____

b) **Cash Investment Additions**

Details of current investment.

Amount in Words: _____

Amount in Figure: _____

Amount to be added or increased.

Amount in Words: _____

Amount in Figure: _____

Balance after additions

Amount in Words: _____

Amount in Figure: _____

Signature

Signature

----- **Office Use Only** -----

Processing officer: _____ Signature: _____

Approved by: _____ Signature: _____