

# The Postal & RMS Employees Coop Bank Ltd

AMBALA CANTT 133001 Customer Care 8400870080

## CTS WITHDRAWAL FORM

Account / Membership No. \_\_\_\_\_ Postal ID \_\_\_\_\_  
Name of Member \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's / Husband Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
Aadhar No. \_\_\_\_\_ PAN No. \_\_\_\_\_  
I hereby request for withdrawal of CTS amount after retaking the minimum required Balance as per  
rules of the Bank and may be credited in my Account No. \_\_\_\_\_ of  
\_\_\_\_\_ (Bank Name) \_\_\_\_\_ (branch Name)  
with IFSC Code \_\_\_\_\_.

Signature of Member

(Please enclose copy of Adhar, PAN and cancelled cheque for direct credit in the account of Member  
maintained with the bank)

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For Bank's Use Only

Amount of Credit in the CTS of the Member \_\_\_\_\_

Less Minimum Balance required 10000/-

Net Amount Payable (Rounded to nearest Rs 100) \_\_\_\_\_

Whether the member's Loan is regular YES/NO

Certified that the member is entitled / Not entitled for withdrawal of CTS amount of Rs. \_\_\_\_\_

Entered By \_\_\_\_\_ Checked by \_\_\_\_\_

NEFT

Cheque No. \_\_\_\_\_ Sanctioned Rs. \_\_\_\_\_

Manager