

**SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.**

SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City

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REQUEST FOR**Date:** _____**MEMBERSHIP
DISCONTINUANCE****PARTIAL WITHDRAWAL
OF CAPITAL CONTRIBUTION****Name:** _____ (Last) _____ (First) _____ (Middle)**Present Address:** _____**Permanent Address:** _____**Contact No.:** _____**E-mail Address:** _____**COA ID No.:** _____**Reason:** Retirement Resignation
 Death Others**Date:** _____**Mode of payment:** deposit to bank pick-up

LBP Branch/Account Number _____

 mailing

Other Bank Name/Branch/Account Number _____

I hereby certify that the above information are true and correct. I also authorize SLAGA to deduct any cost relating to above modes of payment, such as bank charge, mailing fee, and fare cost.

(Signature of Applicant)**SLAGA ACTIONS****Documentary Requirements:**

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- Duly Accomplished Form
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- COA ID or any valid government issued ID
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- (Photocopy w/ 3 Specimen Signatures)

Member's Data:**Capital Contribution:** _____**Accounts Payable:** _____**Loan Balance:** _____**Others:** _____**Co-maker of:** _____**Verified by:** _____**Validated by (Accountant):** __________
Name & Signature_____
Date_____
Name & Signature_____
Date**Reviewed By (Manager):****Recommending Approval by the
Membership Committee:****Approved/Confirmed by the Board of
Trustees**_____
Name and Signature_____
Name and Signature_____
BOT Regular Meeting**Date:** _____**Date:** _____**Held on** _____**Board Resolution No** _____**Posted in CAPLIS/SLIS:**_____
Name_____
Position_____
Date