

**WILLOWFIELD CREDIT UNION LTD. Form 2**

**WITHDRAWAL OF SHARES.**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

ACCOUNT  
NUMBER \_\_\_\_\_

CHEQUE  
NUMBER \_\_\_\_\_

SHARES \_\_\_\_\_

WITHDRAWAL \_\_\_\_\_

SHARE BALANCE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_