



**The Karnataka Income Tax Dept. Credit Co-operative
Society Limited, C.R. Building (Annexe), Queens Road,
Bengaluru - 560001**

Cumulative Deposit Withdrawal Form

LF No _____

Name of the Member	
Designation	
Office	
Mobile Number	

Member's Bank Details

Name of the Bank	Account Number	IFSC Code	Branch Address

Received with thanks from The Karnataka Income-Tax Department Credit Co-operative Society Ltd. Bengaluru, the sum of Rs. _____ in words of Rs. _____ towards **Cumulative Deposit withdrawal.**

Place :

Dated:

Paid by ECS/Cheque No.

No.....dt.....

Executive Director

Signature of the Member

APPLICANT
Affix Xerox copy of the Departmental Identity
Card
FRONT SIDE
(Compulsory)

APPLICANT
Affix Xerox copy of the Departmental Identity
Card
BACK SIDE
(Compulsory)