



UCH CHRISTIAN WELFARE INITIATIVE

UNIVERSITY COLLEGE HOSPITAL, IBADAN.

CONTACT: 08161450894



Dr./Mr./Mrs./Miss. _____
Membership No. _____
Phone No. _____
Department. _____
IPPIS No. _____
Date. _____
Bank. _____
Acct. Name. _____
Acct. No. _____

Through the Secretary,

To: The Patron & Committee Members.

UCH CAFIS,

U.C.H. Ibadan.

APPLICATION FOR COLLECTION OF TARGET SAVINGS

I wish to collect _____ (₦ _____ .00) from my target savings.

Thanks for considerable attention.

Yours Co-operatively.

Application Signature

FOR OFFICIAL USE

Applicant target savings position as at _____ 20____

BALANCE	REMARKS

MR. ALERIWA, R.W. _____

MR. EGBEYALE, O.M. _____