



# PENINSULA CONSUMER SERVICES CO-OPERATIVE

1-2132 Keating Cross Road Saanichton, B. C. V8M 2A6

Administration Phone: 250-652-5752 Fax: 250-652-5298

Phone Toll free 1-877-652-5752

## APPLICATION FOR WITHDRAWAL OF EQUITY

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_  
Please print (Must be name membership is registered in)

Address \_\_\_\_\_  
Street City Province Postal Code Phone No.

### SECTION 1: - REASON (Please check one of the boxes and complete the details)

**ESTATE** Administrator's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City Province Postal Code Area Code Phone Number

Date of Death: \_\_\_\_\_  
Month / Day / Year

**Must enclose a copy of the Death Certificate and first page of Will**

**AGE BY-LAW** Date of Birth: \_\_\_\_\_  
**71 YEARS OR OLDER** Age: \_\_\_\_\_  
Month / Day / Year

PROOF ENCLOSED  PROOF SHOWN   
Legal Document (Photocopy) Legal Document  
ie: Drivers Licence ie: Drivers Licence

**MOVING OUT OF TRADING AREA** **Must provide new address:**  
Effective Date: \_\_\_\_\_  
Month / Day / Year

Street \_\_\_\_\_  
City Province Postal Code Phone

The trading area includes all communities on the south end of the island up to and including Ladysmith.

**OTHER**  
**(Must specify reason)** \_\_\_\_\_

### SECTION 2: - OPTIONS: (Please check one)

Retain \$25.00 in common shares to keep membership active.  
 Payment in full now thus closing membership. *(Please return any current vouchers for inclusion in withdrawal)*  
 Payment in full after allocation for the current year has been declared and processed.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by Member, Administrator, or Power of Attorney)

**All applications are subject to approval by the Board of Directors at a Monthly Board Meeting.**

FOR OFFICE USE ONLY	Common shares 0570	_____	Date approved by Board
	Retain Membership	_____	
	Other _____	_____	
	Preferred shares 05701	_____	
	Amount of Payment	_____	Cheque # _____

(Revised 04/09)