



PENINSULA CONSUMER SERVICES CO-OPERATIVE

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

Administration Phone: 652-5752 Fax: 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)

<input type="checkbox"/>	ESTATE	Administrator's Name: _____
		Mailing Address: _____

		<small>City Province Postal Code Area Code Phone Number</small>

Date of Death: ____/____/____ <small>Month Day Year</small>	Must enclose a copy of the Death Certificate and first page of Will
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<input type="checkbox"/>	AGE BY-LAW	Age: _____	Date of Birth: _____	PROOF ENCLOSED <input type="checkbox"/>	PROOF SHOWN <input type="checkbox"/>
	70 YEARS OR OLDER		____/____/____ <small>Month Day Year</small>	Legal Document (Photocopy)	Legal Document
				ie: Drivers Licence	ie: Drivers Licence

<input type="checkbox"/>	MOVING OUT OF TRADING AREA	Must provide new address:	_____
	Effective Date:		Street
	____/____/____		_____
	<small>Month Day Year</small>		<small>City Province Postal Code Phone</small>

The trading area includes all communities from Victoria up to Ladysmith and from Black Creek to Oyster River..

<input type="checkbox"/>	OTHER	(Must specify reason) _____
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SECTION 2: - OPTIONS: (Please check one)

<input type="checkbox"/>	Retain \$25.00 in common shares to keep membership active.
<input type="checkbox"/>	Payment in full now thus closing membership <i>(Please enclose any outstanding cheques with this withdrawal form)</i>
<input type="checkbox"/>	Payment in full after patronage is paid in December.

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.

<i>FOR OFFICE USE ONLY</i>	Common shares 0570 _____	Date approved by Board _____
	Retain Membership _____	
	Other _____	
	Preferred shares 05701 _____	
(Revised Aug 2016)	Amount of Payment _____	Cheque # _____

When your form is completely filled out please sign it and you can either mail it to the address above, drop it off to any of our Peninsula Co-op locations, fax it to 250-652-5298 or email to membership@peninsulaco-op.com along with supporting documents