



**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)

**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** 71 YEARS OR OLDER Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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 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 enclose any outstanding cheques with this withdrawal form*)
- 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.*

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

(Revised 7/15)

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](mailto:membership@peninsulaco-op.com) along with supporting documents.