



PENINSULA CONSUMER SERVICES CO-OPERATIVE

1-2132 Keating Cross Road, Saanichton, BC V8M 2A6
Administration Phone: 250-652-5752 | 1-877-652-5752
Fax: 250-652-5298

APPLICATION FOR TRANSFER OF EQUITY

PART 1

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

Address _____ Phone (____) _____
Street City Postal code

Please transfer my membership in Peninsula Consumer Services Co-operative to the person named below in the following manner:

Please transfer _____% **OR** Please transfer \$ _____

REASON FOR TRANSFER _____

If an ESTATE please complete:
Administrator's Name: _____
Date of Death: _____ Mailing Address: _____
Month / Day / Year City Province Postal Code () Area Code Phone Number

Must enclose a copy of the Death Certificate AND the first page of the will or letters probate which shows the person below named as beneficiary.

Member's signature: _____

Date: _____
(Must be signed by Member, Administrator, or Power of Attorney)

PART 2

I hereby apply for Membership/Ownership in, and subscribe for shares of the capital stock of, Peninsula Consumer Services Co-operative based on the transfer of the above membership.

Please print
Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City Province Postal Code SIN: _____
Date of Birth: _____
Month / Day / Year

If you are already a member of Peninsula Co-op please complete: Member # _____ (if applicable)

New Applicant's signature: _____

Date: _____

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

<i>FOR OFFICE USE ONLY</i>	Common shares _____	Date approved by Board _____
	Preferred shares _____	
(Revised 09/19)	Amount transferred _____	_____