



ACCOUNT No.:

TERMINATION OF MEMBERSHIP FORM

1. PERSONAL INFORMATION

| | | | |
|---|--|-------------------------|-------|
| MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME: | | | |
| FIRST NAME: | | MIDDLE NAME(S): | |
| DATE OF BIRTH (mm/dd/yyyy): | | | |
| NATIONAL REGISTRATION No.: | | NATIONAL INSURANCE No.: | |
| PERMANENT ADDRESS: STREET/AVENUE: | | | |
| CITY/TOWN: | | PARISH/STATE: | |
| ZIP/POSTAL CODE: | | COUNTRY: | |
| TELEPHONE No.(s): Home: | | Work: | Ext.: |
| Mobile: | | | |
| NAME & ADDRESS OF: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SCHOOL/COLLEGE | | | |
| | | | |

I HEREBY TERMINATE MY MEMBERSHIP WITH THE BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LTD.

2. REASONS FOR TERMINATION

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|---|--|--|
| <input type="checkbox"/> UNEMPLOYED | <input type="checkbox"/> DORMANT / INACTIVE ACCOUNT | <input type="checkbox"/> OTHER COMMITMENTS |
| <input type="checkbox"/> DIFFICULTIES – LIVING OVERSEAS | <input type="checkbox"/> CLOSING / CONVERTING YOUTH SAVERS ACCOUNT | <input type="checkbox"/> TRANSFERRING TO ANOTHER INSTITUTION |
| <input type="checkbox"/> DUAL MEMBERSHIP PROBLEMS | <input type="checkbox"/> MIGRATING | <input type="checkbox"/> UNABLE TO QUALIFY FOR MEMBERSHIP |
| <input type="checkbox"/> DISSATISFIED WITH SERVICES | <input type="checkbox"/> RETIRED | |
| <input type="checkbox"/> OTHER (Please state)..... | | |

| | |
|----------------------|--------------------|
| Signature of Member: | Date (mm/dd/yyyy): |
|----------------------|--------------------|

FOR OFFICIAL USE ONLY

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|--|
| NAME OF STAFF MEMBER TRANSACTING FINAL WITHDRAWAL <i>(please print)</i> : |
| SIGNATURE OF STAFF MEMBER TRANSACTING FINAL WITHDRAWAL: <i>(please print)</i> : Date (mm/dd/yyyy): |
| NAME OF STAFF MEMBER CLOSING THE ACCOUNT <i>(please print)</i> : |
| SIGNATURE OF STAFF MEMBER CLOSING THE ACCOUNT: DATE (mm/dd/yyyy): |
| NAME OF STAFF MEMBER VERIFYING CLOSURE OF ACCOUNT <i>(please print)</i> : |
| SIGNATURE OF STAFF MEMBER VERIFYING CLOSURE OF ACCOUNT: DATE (mm/dd/yyyy): |