



ACCOUNT No.:

TERMINATION OF MEMBERSHIP FORM

1. PERSONAL INFORMATION

MARITAL STATUS: Single Married Divorced Widowed

MR. MRS. 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: EMPLOYER UNIVERSITY SCHOOL/COLLEGE

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

2. REASONS FOR TERMINATION

UNEMPLOYED DORMANT / INACTIVE ACCOUNT OTHER COMMITMENTS

DIFFICULTIES – LIVING OVERSEAS CLOSING / CONVERTING YOUTH SAVERS ACCOUNT TRANSFERRING TO ANOTHER INSTITUTION

DUAL MEMBERSHIP PROBLEMS MIGRATING UNABLE TO QUALIFY FOR MEMBERSHIP

DISSATISFIED WITH SERVICES RETIRED

OTHER (Please state).....

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

FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER TRANSACTING FINAL WITHDRAWAL *(please print)*:

SIGNATURE OF STAFF MEMBER TRANSACTING FINAL WITHDRAWAL: *(please print)*: Date (mm/dd/yyyy):

NAME OF STAFF MEMBER CLOSING THE ACCOUNT *(please print)*:

SIGNATURE OF STAFF MEMBER CLOSING THE ACCOUNT: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER VERIFYING CLOSURE OF ACCOUNT *(please print)*:

SIGNATURE OF STAFF MEMBER VERIFYING CLOSURE OF ACCOUNT: DATE (mm/dd/yyyy):