

Membership Cancellation Application Form

Type of Membership: ☐ General ☐ CEF ☐ Hajj Fund ☐ SMSF ☐ Burial Exp

Membership Number: _____

Principal Applicant:

First Names: Family Name
 Trust/Company/SMSF Name:
 Address:
 Phone: Email: Date of Birth:
 Employer: Occupation

Joint Applicant:

First names: Family Name
 Address:
 Phone: Email: Date of Birth:
 Employer: Occupation

Reason for Closing: _____

Please transfer the Account balance to:

For other ICFAL Account:

Name: _____ Membership No. _____

For Bank Account:

Name: _____ BSB: _____ Account No. _____

Declaration:

I/We acknowledge that I/We read and understand the terms and conditions of membership and hereby apply for closure of my/our membership of ICFAL and I/we understand that closure of membership will forfeit accrued dividend. If the membership is closed, I/we agree to be bound by the rules of the cooperative and by any alteration there of registered in accordance with the cooperative Act, 1992

Signature of Primary Applicant: Date: ____/____/____

Signature of Joint Applicant: Date: ____/____/____

For Office Use Only

Member Number: Date joining: ____/____/____
 Fee Payment Reference: Application Verified:
 Official (Name): Signature: