

APPLICATION FOR WITHDRAWAL or TRANSFER OF EQUITY



You're at home here.

Discovery Co-operative Ltd.

Suite 1301 - 9800 Territorial Drive, North Battleford SK S9A 3W6

Phone: (306) 445-9800 Fax: (306) 445-6011

Email: administration@discoverycoop.com

DATE: _____ MEMBER # _____
NAME: _____ PHONE # _____
ADDRESS: _____
CITY/PROV: _____ POSTAL CODE: _____

REASON FOR WITHDRAWAL - Complete all details for the one relevant section only.

ESTATE - ADMINISTRATORS ARE: _____
Name
Address: _____
City Province Postal Code

PLEASE ATTACH A COPY OF: (Death Certificate or Funeral Home Document)

MOVED - FROM THIS CO-OPERATIVE TRADING AREA TO:
Address: _____
City Province Postal Code

PLEASE ATTACH STATUTORY DECLARATION

AGE (as per bylaw) _____ Birth Date: _____
Year Month Day
Signature of Discovery Co-op Staff Member: _____

PLEASE ATTACH COPY OF: (Drivers Licence, or Saskatchewan Health Card, or Birth Certificate)

OTHER (specify) _____

IF 'ESTATE', 'MOVED', OR 'AGE', (Applicant to check one of the following)

- I request payment in full, and by doing so, am aware that I am not eligible for any patronage refunds which may be allocated after payment has been made.
 Repay only after allocation for the current year has been declared and processed.
 Retain membership fee of \$510.00 (Applies to age only)

TRANSFER OF EQUITY - Transferee Name: _____ Member # _____
 ADD SPOUSE - _____
Name
Date of Birth: _____ SIN # _____

APPLICANT'S SIGNATURE: _____

JOINT APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

Current Amount of Equity \$	_____	Approved by the Board	_____
Deduct - A/R (if any) \$	_____		Date _____
- Membership Fee \$	_____		
Amount of Payment \$	_____	Cheque #	_____