

TERMINATION OF MEMBERSHIP				
PERSONAL DETAILS (PLEASE W	/RITE IN BLOCK)			
NAME OF APPLICANT (as in NRIC	·):			
home address:			OFFICE TEL:	
			MOBILE:	
NRIC NO:	DATE OF BIR	RTH:	HOME TEL:	
IAME OF BANK / BRANCH BANK ACCOL			OUNT NO:	
NAME OF COMPANY:		<u> </u>		
DEPARTMENT:		LOC	TATION:	
		•		
I wish to terminate my memb	ership with the Co-op	perative with effe	ect from	
Applicant's Signature / Date	-			

DECLARATION:-

All Statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I have read and understood the Co-operative's Personal Data Protection Policy. I hereby consent to the Co-operative collecting, using and disclosing my personal data for the purposes set out therein, in particular, to the disclosure of my personal data in accordance with the Personal Data Protection Act.

Personal Data Protection Policy may be downloaded from www.stcoop.sg/images/pdpa.pdf