

TERMINATION OF MEMBERSHIP		
PERSONAL DETAILS (PLEASE WRITE IN BLOCK)		
NAME OF APPLICANT (as in NRIC):		
HOME ADDRESS:		OFFICE TEL:
		MOBILE:
NRIC NO:	DATE OF BIRTH:	HOME TEL:
NAME OF BANK / BRANCH		BANK ACCOUNT NO:
NAME OF COMPANY:		
DEPARTMENT:		LOCATION:

I wish to terminate my membership with the Co-operative with effect 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