

APPLICATION FOR WITHDRAWAL OF EQUITY
(PLEASE PRINT)

MEDICINE HAT CO-OP LIMITED
100 – 3030 – 13th AVENUE S.E. MEDICINE HAT, ALBERTA T1B 1E3

MEMBER NAME _____ MEMBER NUMBER _____
ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE: NAME _____
ADDRESS _____

MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO: CITY _____ PROVINCE _____ POSTAL CODE _____

ADDRESS _____

AGE (AS PER BYLAW): _____ BIRTH DATE _____
YEAR MONTH DAY

OTHER (SPECIFY) _____

IF 'ESTATE', 'MOVED' OR 'AGE' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN):

I REQUEST PAYMENT IN FULL, AND BY SO DOING, AM AWARE THAT I AM NOT ELIGIBLE FOR ANY PATRONAGE REFUNDS WHICH MAY BE ALLOCATED, AFTER PAYMENT IS MADE.

REPAY ONLY AFTER ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECLARED AND PROCESSED.

RETAIN MEMBERSHIP FEE \$ _____ TIL AFTER CURRENT ALLOCATION

TRANSFER EQUITY TO: _____ TO MAIN MEMBERSHIP
 NAME _____ MEMBER NUMBER _____

ADDRESS _____ BIRTH DATE _____
YEAR MONTH DAY

SIN _____

CITY _____ PROVINCE _____ POSTAL CODE _____ PHONE () _____

The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program.

The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the Equity and Cash Back Program.

I understand that by signing this application form, I am consenting to the collection of my personal information and to its use for the stated purposes.

APPLICANT'S SIGNATURE _____ DATE ____/____/____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PROOF OF AGE AND IDENTITY SHOWN TO _____ (STAFF MEMBERS SIGNATURE) _____

DATE APPROVED BY BOARD ____/____/____

FOR OFFICE USE ONLY

AMOUNT OF EQUITY \$ _____

PAYMENT DUE PER POLICY _____

DEDUCT-ACCOUNTS RECEIVABLE (IF ANY) _____

-MEMBERSHIP FEE OF \$ _____

-TO BE RETAINED _____

AMOUNT OF PAYMENT \$ _____ CHEQUE # _____

ENTERED ON EQUITY CHANGE NOTICE PAGE # _____ CODE _____