



REQUEST TO CLOSE ACCOUNT

Date _____ Member Number

First Name/s _____

Surname _____

Street Address _____

Suburb _____ Postcode

CLOSE FULL ACCOUNT OR SUB ACCOUNT:

Please specify which sub account need to be closed:

Please close my/our account and refund the shares of \$2.00, because:

Prime Applicant Signature

Joint Applicant Signature

OFFICE USE ONLY

P67 To Close account

Officers Signature upon completion: _____

STAPLE FORM ONTO BACK OF MEMBERSHIP FORM WHEN ALL PROCEDURES ARE COMPLETED