

# Application for Withdrawal of Equity in Prairie Sky Co-operative Association Ltd. ("The Co-op")

Date: \_\_\_\_\_

Membership #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Reason for Withdrawal (Check one and complete details)

**Estate** Administrator Name: \_\_\_\_\_

Administrator Address: \_\_\_\_\_

**Moved out of Co-operative Trading Area** \*account must be inactive for 6 months after submitting application

New Address: \_\_\_\_\_

**Age (as per bylaw)** \_\_\_\_\_ Birth Date (DD/MMM/YYYY): \_\_\_\_\_

Proof of Age Shown To: \_\_\_\_\_ (Staff Member's Signature)

**Other (Specify):** \_\_\_\_\_

If 'Estate', 'Moved' or 'Age', applicant to check one of the following and sign:

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 is made.

Repay only after allocation for the current year has been declared and processed.

Retain Minimum Equity \$ 200.00

Until after Current Allocation

To Retain Membership

## Transfer Equity To:

Membership #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date (DD/MMM/YYYY): \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 (S.I.N.) 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date Approved by Board (DD/MMM/YYYY): \_\_\_\_\_

### For Office Use Only

Amount of Equity \$ \_\_\_\_\_

Payment Due Per Policy \$ \_\_\_\_\_

Deduct Accounts Receivable (if any) \$ \_\_\_\_\_

Membership Fee to be retained \$ \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_ Cheque # \_\_\_\_\_