

# WELFARE GROUP EXIT FORM

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## MEMBER EXIT FORM

### Section A: Member Information

1. Full Name (as per ID):
2. National ID Number:
3. Membership Number:
4. Phone Number:
5. Email Address (if any):
6. Date of Joining: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Current Contribution Balance (if any):

### Section B: Reason for Exit

Please tick the applicable reason(s) for exit:

- ☐ Relocation
- ☐ Financial Constraints
- ☐ Dissatisfaction with Services
- ☐ Personal Reasons
- ☐ Other (please specify): \_\_\_\_\_

### Section C: Member Declaration

I hereby request to exit from WELFARE GROUP membership. I confirm that I have cleared all outstanding dues and understand that exiting the group may result in the forfeiture or refund (as applicable) of certain benefits as per the group's constitution.

Member's Signature: \_\_\_\_\_

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

### Section D: For Office Use Only

Exit Request Received By: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Outstanding Dues (if any): \_\_\_\_\_

Final Refund Amount (if any): \_\_\_\_\_

Exit Status: ☐ Approved ☐ Rejected

Remarks: \_\_\_\_\_

Authorized Officer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_