



Membership Refund Form (*Please attach Member's Completed Withdrawal Application Form in all Cases*)


Member's Name: Itumeleng Gaerupe

Membership Number: FLPC058

Date of Notice to Exit	Reason (Tick Only One Appropriate Box)		Amount Contributed	Cancellation Fees	Actual Refund
	Voluntary	x	R6000	R1500	R4500
	Death		R	R	R
	Liquidated		R	R	R
	Other (Specify):		R	R	R
TOTAL			R6000	R1500	R4500

***Details of Account to be refunded:**

Account Holder	Bank Name	Account Number	Account Type	Branch Name	Branch Code
Itumeleng Gaerupe	CAPITEC	1124613267	Savings		470010

Requester	Name: Faith Sibande	Date:	16/01/2018
	Signature: 		
Approver	Name: Zolani Makhosonke	Date:	
	Signature:		
Paid by	Name: David Setshedi	Date:	
	Signature:		
Amount Paid	R		
Amount in Words			