



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


Member's Name: Roswitha Kuverua

Membership Number: FLPC079

Date of Notice to Exit	Reason (Tick Only One Appropriate Box)		Amount Contributed	Cancellation Fees	Actual Refund
	Voluntary	x	R5000	R 1250	R3750
	Death		R	R	R
	Liquidated		R	R	R
	Other (Specify):		R	R	R
TOTAL			R5000	R1250	R3750

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

Account Holder	Bank Name	Account Number	Account Type	Branch Name	Branch Code
Roswitha Kuverua	Bank Windhoek	8000240680	CHQ	Walvis Bay	481872

Requester	Name: Faith Sibande	Date:	23 rd April 2017
	Signature: 		
Approver	Name: Zolani Makhosonke	Date:	
	Signature:		
Paid by	Name: David Setshedi	Date:	
	Signature:		
Amount Paid	R3750		
Amount in Words	Three Thousand Seven Hundred and Fifty		