

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

Member's Name: Mohlago (Ree) Makwela Membership Number: FLPC075

Date of Notice to Exit	Reason (Tick O Appropriate		Amount Contributed	Cancellation Fees	Actual Refund
01 Dec 2017	Voluntary	X	R7000.00	R1750.00	R5250.00
	Death		R	R	R
	Liquidated		R	R	R
	Other (Specify):		R	R	R
		TOTAL	R	R	R

## \*Details of Account to be refunded:

Account Holder	Bank Name	Account Number	Account Type	Branch Name	Branch Code
Mohlago Mokwela	CAPITEC	1337784581	Savings		470010

Requester	Name: Faith Silande		01 Dec 2017	
	Signature:	Date:		
Approver	Name: Zolani Makhosonke		4	
	Signature:	Date:	01/12/2017	
Paid by	Name: David Setshedi			
	Signature:	Date:		
Amount Paid	R			
Amount				
in Words				