



APPLICATION FOR WITHDRAWAL OF EQUITY

Clearview Consumers Co-op Ltd.

365 PTH 12 N, Steinbach MB R5G 1V1
Phone: 204-346-2667 Fax: 204-346-5050
Email: admin@clearview.crs
www.clearview.crs

DATE _____

MEMBER # _____

MEMBER NAME _____ PHONE # _____

ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____

REASON FOR WITHDRAWAL – (check one and complete details)

ESTATE – ADMINISTRATORS ARE: Name _____

Address _____
CITY _____ PROVINCE _____ POSTAL CODE _____

PLEASE ATTACH COPY OF: (Death Certificate, or Funeral Home Document, or News Paper Clipping)

MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO: _____

Address _____
CITY _____ PROVINCE _____ POSTAL CODE _____

PLEASE ATTACH PROOF OF MOVE: (Example: Drivers Licence, Utility Bill, etc.)

AGE (as per bylaw) _____ BIRTH DATE _____
YEAR MONTH DAY

PLEASE ATTACH COPY OF: (Drivers Licence, or Manitoba Health Card, or Birth Certificate)

OTHER (specify) _____

IF 'ESTATE', 'MOVED' OR 'AGE', (Applicant to check one of the following and sign)

- I request payment in full, and by so doing, am aware that I am not eligible for any patronage refunds which may be allocated after payment has been made.
- Repay only after allocation for the current year has been declared and processed.
- Retain membership fee of \$100.00 (Applies to age only)

I/We understand that by agreeing to cancel my membership with Clearview Co-op any charge account that is outstanding must be paid in full and will be closed after approval of payout. _____ (Initial)

APPLICANT'S SIGNATURE

Print Name

Print Name

Signature

Signature

FOR OFFICE USE ONLY

Amount of Equity \$ _____

Approved by the Board/Paid Out Date _____

Payment Due _____

Deduct – Accounts Receivable (if any) _____

– Membership fee of \$ _____
to be retained _____

Amount of Payment \$ _____

Cheque # _____

Bond of Indemnity Clause

By signing below, we have agreed to indemnify and save Clearview Consumers Co-op Ltd. harmless from and against every claim, demand, liability, expense, loss, judgements and any and all liability therefore, sustained or incurred by reason of having executed or procured the execution of this equity withdrawal.

APPLICANT'S SIGNATURE

DATE _____

Print Name

Print Name

Signature

Signature