



# 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 \$10.00 (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