

CANCELLATION OF MEMBERSHIP

Membership number		Date	Y	Y	Y	Y	M	M	D	D
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DETAILS OF THE PRINCIPAL MEMBER Race - **A** = African/Black, **I** = Indian/Asian **W** = White **C** = Coloured

Dr		Ref		Mr		Mrs		Miss	
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Surname	
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Full Names	
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Member's date of birth	Y	Y	Y	Y	M	M	D	D	Race	
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ID number												
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Residential address	
	Code

Postal address	
	Code

Telephone number (H)	
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Telephone number (W)	
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Cellphone number	
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Email address	
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Name of employer	Employee number	
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HR Department contact person	Telephone number	
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REASONS FOR CANCELLATION

Effective date of cancellation	Y	Y	Y	Y	M	M	D	D
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REMARKS / ADDITIONAL INFORMATION

Member Signature	Date								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">M</td> <td style="width: 5%;">M</td> <td style="width: 5%;">D</td> <td style="width: 5%;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		

Namestamp of employer	
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Human Resource Manager / Practitioner Signature	Date								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">M</td> <td style="width: 5%;">M</td> <td style="width: 5%;">D</td> <td style="width: 5%;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		