## Termination of main member form



To whom it may conce	ern																												
Membership department																													
Membership No.																				Da	te	D	D	M	М	Υ	Υ	Υ	Υ
Persal/employee/pension no																													
Dear Sir/Madam																													
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Reason for termination Please advise Persal timeou			Ш							ļ							_						_	丄	丄		╛		
Please furnish me with a me  Postal address	mbersh	ip cer	tifica	ate th	nat v	vill s	ser	ve	as p	oroc	of o	f th	ie t	ern	nin	atic	n a	it th	ne f	ollo	win	ıg a	ddı	ess	3:				
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