

DEPOSIT(S\$200)/OVERPAYMENT Refund Request Form

Membership No Name of Main Applicant _____

We have received your Notice of Resignation by: FAX / Email / Mail / Hand

Date of Resignation Your Date of Resignation will be on _____ / _____ / _____
DD MM YY

Please fill in the following by your preference & return to Japanese Association.

I wish to pay the Outstanding amount S\$ _____ by:

- Cash/Nets Bank Transfer Offset Deposit
- *Giro deduction (Last deduction date: / /)

I wish to receive the Deposit/Overpayment amount S\$ _____ by:

- Cash** Collection at Association on _____ (Daily: 9:30am to 8:30pm)
DD/MM/YY

Cash received in order (To be signed only upon collection)

- Bank Transfer:** Bank Name: _____
Account Name: _____
Account Number: _____
Email address: _____ @ _____

- Donation** for the maintenance and management of the Japanese cemetery.
(Contributions for \$100 & above will be recorded in the list of donors situated at the cemetery)

Signature of Member _____ Date / / Tel _____

***GIRO (if applicable) will be terminated upon membership withdrawal with zero outstanding.**

FOR OFFICE USE ONLY 事務局使用欄

NOTICE OF RESIGNATION HANDLED BY: Name & Date:	ACCOUNTS CHECKED BY: Name & Date:
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