

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

Membership No

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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/PayNow ☐ 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 4:30pm)
DD/MM/YY

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

- ☐ **Bank Transfer:** Bank Name: _____
Account Number: _____
Account Name: _____
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: