

# 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 6:00pm)  
 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

<p><b>NOTICE OF RESIGNATION HANDLED BY:</b>          Name &amp; Date:</p>	<p><b>ACCOUNTS CHECKED BY:</b>          Name &amp; Date:</p>
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