

MEMBERSHIP TERMINATION ADVICE – PALM SUPA

Member Name: _____		Member Number: _____	
Employer Name: _____		Reporting Centre: _____	
Date of Birth: ____/____/____	Home, Village: _____	Province: _____	
Personal Mobile: _____		Email Address: _____	
Membership			
Termination Reason:	Resignation <input type="checkbox"/>	Retrenchment <input type="checkbox"/>	Termination <input type="checkbox"/>
	Retirement <input type="checkbox"/>		
	Disability <input type="checkbox"/>	Attach Medical Certificate	
	Covid Relief <input type="checkbox"/>	Attach Termination Letter due to Covid-19	
	Death <input type="checkbox"/>	Attach Death Certificate	
Payment Method:			
<input type="checkbox"/>	Deposit to Personal Account	<input type="checkbox"/>	Personal Cheque
<input type="checkbox"/>	Deposit to Employer Bank Account		
Bank Account Details			
	Bank Name:	_____	
	Branch Name/ BSB:	_____	
	Account Number:	_____	
	Account Name:	_____	
	Signature: _____	(Member)	Date: ____/____/____

To be completed by the employer:

I/We confirm that the above will cease to be employed with this company on the date specified and we can confirm that the company currently has no intention of re-employing.

YES/NO

Last Date of Employment: _____

I /We confirm the Employer has not contributed more than 15% of the members Gross Salary:

YES/NO

Members Annual Gross Salary: K _____

Date of First Deduction: _____

Date of Final Contribution: _____ **Total Amount:** K _____

(Member: K _____ Employer: K _____)

Signed: _____

Position: _____

Dated: _____

Company Stamp/Seal