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Name

Former School:

House Address:

.....

Membership No:

Date of Retirement:

(Optional/Compulsory)

Telephone No: :

Date:

The Board of Directors
Koperasi Guru Pulau Pinang Berhad
No: 1-G King Street
10200 Pulau Pinang

Dear Sir/Madam

RE: APPLICATION TO CONTINUE MEMBERSHIP

As I have since retired from the teaching profession, I would like to apply to continue my membership with this Co-operative.

* 1. I wish to stop my subscription payment but to retain my credit balances with the Co-operative

or

*2 I hereby undertake to remit payment of my loan principal / loan interest / insurance premium to the Co-operative

Your kind consideration and approval is greatly appreciated

Yours faithfully,

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** Please delete whichever is applicable*