



To be completed by members upon resignation of membership.

A written 30-day notice period is required for the cancellation of membership. Benefits cease at the end of the month in which the notice period expires.

SECTION A – MEMBER'S PERSONAL DETAILS																				
SURNAME											MEMBER NUMBER									
FIRST NAMES											OPERATION / SECTION									
ID NUMBER												DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF AVAILABLE											COUNTRY OF ISSUE									
TELEPHONE NUMBER											CELL NUMBER									
PRESENT POSTAL ADDRESS											CODE									
FORWARDING EMAIL ADDRESS																				
LAST DATE OF COVERAGE REQUIRED	Y	Y	Y	Y	M	M	D	D												
REASON FOR CANCELLATION																				

CERTIFICATION AND SIGNATURES		
CERTIFICATE BY MEMBER:		
<p>I hereby certify that I am aware of and agree to the following conditions concerning my request to resign as a member of the De Beers Benefit Society:</p> <ul style="list-style-type: none"> • That all my registered dependants will have their membership terminated at the same time; and • All unpaid contributions together with any amount owing to the Society by the me will be settled in full. 		
MEMBER	DATE	
	SIGNATURE	
CERTIFICATE BY EMPLOYER:		
I hereby acknowledge that the employee is terminating his membership of the Society		
HR OFFICER	NAME	
	DATE	
	SIGNATURE	