

RESIGNATION OF MEMBER FORM (M1.1A)



Who must complete this form?

The member and HR must complete this form.



By when should this form be returned?

A written 30-day notice period is required to cancel membership of the Society. Benefits will stop at the end of the month in which the notice period expires.

Please return this form via email to registrations@dbbs.co.za.

SECTION A: MEMBER'S PERSONAL DETAILS (TO BE COMPLETED BY MEMBER)

Surname			
First names			
Member number		Operation	
Identity number		Date of birth	
Passport number (if available)		Country of issue	
Contact details	Tel	Cell	
	Forwarding email address		
Current postal address			Code
Last date of coverage required*		Reason for cancellation	

* 30-day notice period is required

SECTION B: DECLARATION AND SIGNATURES

DECLARATION BY MEMBER

I hereby declare 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:

- 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 me will be settled in full.

Member's signature

Date

DECLARATION BY EMPLOYER

I hereby acknowledge that the employee is terminating his membership of the Society.

HR Officer's signature

Date

HR Officer's name