



MID ISLAND CO-OP

APPLICATION FOR TRANSFER OF EQUITY OR NAME CHANGE

Administration Office
#103 - 2517 Bowen Rd
Nanaimo, BC V9T 3L2
Phone: 250-729-8400
Fax: 250-729-8426
co-opadministration@midisland.crs

RETAIL Mid Island Co-op #17483

DATE _____

MEMBER NAME _____ MEMBER NUMBER _____

ADDRESS _____ PHONE NUMBER _____

_____ Email: _____
CITY PROVINCE POSTAL CODE

CHANGE OF NAME ON MEMBERSHIP:

MUST ENCLOSE MARRIAGE CERTIFICATE OR 2 COPIES OF ID ONE IN YOUR OLD NAME AND ONE IN YOUR NEW NAME.

NEW NAME: _____

TRANSFER EQUITY:

REASON FOR TRANSFER – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE:

NAME: _____

MUST ENCLOSE A COPY OF THE DEATH CERTIFICATE AND THE WILL WHICH STATES THE BENEFICIARIES NAME AND SIGNATURES

OTHER

REASON: _____

TRANSFER EQUITY TO:

NAME _____ MEMBER NUMBER _____

ADDRESS _____ BIRTH DATE _____

_____ SIN _____
CITY PROVINCE POSTAL CODE

PHONE () _____

The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the Equity and Cash Back Program.

I understand that by signing this application form, I am consenting to the collection of my personal information and to its use for the stated purposes.

APPLICANT'S SIGNATURE _____

DATE APPROVED BY BOARD

ADDRESS _____

DD / MM / YYYY

_____ CITY PROVINCE POSTAL CODE

Office use only

AMOUNT OF EQUITY \$ _____
MEMBERSHIP FEE OF \$ _____
AMOUNT OF EQUITY TRANSFERRED \$ _____