



130 Lake Street, PO Box 625, Cairns QLD 4870

NOTIFICATION TO CLOSE ACCOUNT

MEMBER NO:	
MEMBER NAME:	

Please close the above account and disperse the funds as follows:

Transfer funds to Account:	
Make Cheque Payable to:	
Total Amount of Funds Taken in Cash:	
Reason for Account Closure:	
SIGNED:	
DATE:	