

Membership Exit Request Form

Voluntary withdrawal and account settlement — Constitution Article 11.

P.O. Box 123, Zomba • +265 999 016 102

A. Member details and notice

Member name / membership ID _____	Phone number _____
Date written notice received _____	Requested effective exit date _____

Voluntary resignation requires 30 days' written notice. Exit does not cancel debts or forfeit savings and does not create an unapproved entitlement to Group-owned capital.

B. Reason for leaving (optional)

C. Member request

I give notice of voluntary withdrawal and request reconciliation of my account. I understand that outstanding obligations remain payable and that only agreed or lawfully established deductions may be made. I am not confirming receipt of a reconciliation statement or settlement payment by signing this request.

Member signature / date _____	Secretary acknowledgement / date _____
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D. Settlement process

The Treasurer prepares a reconciled settlement statement within 30 days of the effective exit date. Subject to the constitutional conditions, undisputed and unencumbered amounts are paid within 90 days of that statement. Any shortfall must be disclosed and a written repayment arrangement sought; an indefinite unilateral delay is not permitted.

Give payout details through the agreed private channel. An account change must be independently verified. Do not include passwords, PINs or authentication codes.

E. Reconciliation — Group use only

Effective exit date _____	Statement preparation / issue date _____
Verified personal savings (MWK) _____	Allocated benefits due (MWK) _____
Outstanding loan principal (MWK) _____	Interest / approved fees due (MWK) _____
Welfare obligation (MWK) _____	Other authorised adjustments (MWK) _____
Net amount due to member / Group (MWK) _____	Disputed items / supporting reference _____

Only established entitlements and authorised deductions may be included. Attach the detailed calculation statement and identify any disputed or encumbered amounts separately.

F. Review and settlement record

Prepared by / date _____	Independently reviewed by / date _____
Statement given to member / date _____	Planned payment date / method _____
Authorisation references _____	Payment reference / amount _____
Shortfall or payment-arrangement reference _____	Balance remaining / closure date _____

G. Separate acknowledgements

Statement receipt: I acknowledge receiving the reconciliation statement. My signature records receipt, not agreement to any identified disputed item.

Member signature _____	Date _____
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Payment receipt: Complete only after the recorded payment has been received. Attach the bank or payment confirmation; partial payment does not confirm full settlement.

Member signature / amount received _____	Date / outstanding balance (if any) _____
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