

# Membership Support Team

## Application for Closure of Member Account



Please use BLOCK CAPITALS

### Member details

Share No. (member number)	<div></div>																		
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (Please specify)	<div></div>											
First name	<div></div>								Surname	<div></div>									
Address	<div></div>																		
Town/City	<div></div>																		
County	<div></div>												Postcode	<div></div>					
Tel No.	<div></div>										Mobile	<div></div>							
Email	<div></div>																		

If the account balance is £2,500 or more, please provide **three forms of ID** - bank statement to correspond with the below details, utility bill or other proof of identification. **Photocopies are accepted.**

### Funds to be paid into the following bank account

Account number	<div></div>								Sort code	<div></div>								
Account holder name	<div></div>																	
Bank name	<div></div>																	
Bank address	<div></div>																	
Postcode	<div></div>																	

The information submitted here is used and stored to administer your membership. I warrant that the information I have provided in this form is correct. I hereby agree to indemnify the East of England Co-operative Society Limited against any claim that may be made hereafter by any person in connection with this application.

Signature	Date
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**This form and the required documents should be returned to:**  
Membership Support Team, East of England Co-op, Wherstead Park, The Street, Wherstead, Ipswich, Suffolk IP9 2BJ