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APPLICATION TO MODIFY OR CANCEL A SHARE

Date: _____

By this document, I am:

Cancelling my share

Transferring my share to

Add the name _____ to my share

Remove the name of _____ on the share

at CO-OP Embrun

Reasons: moving

deceased

other _____

Name of shareholder _____

Complete address _____

Telephone _____

New address, name & S.I.N. if applicable _____

Signature of share holder/beneficiary _____

P.S. If shareholder is deceased, please include death certificate and a copy of the will.

Une force qui vous appartient - A force that be longs to you