



**PENINSULA CONSUMER SERVICES CO-OPERATIVE**

1-2132 Keating Cross Road, Saanichton, BC V8M 2A6  
Administration Phone: 250-652-5752 | 1-877-652-5752  
Fax: 250-652-5298

**APPLICATION FOR TRANSFER OF EQUITY**

**PART 1**

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_  
Please print (Must be name membership is registered in)

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City Postal code

Please transfer my membership in Peninsula Consumer Services Co-operative to the person named below in the following manner:

|                         |           |                          |
|-------------------------|-----------|--------------------------|
| Please transfer _____ % | <b>OR</b> | Please transfer \$ _____ |
|-------------------------|-----------|--------------------------|

**REASON FOR TRANSFER** \_\_\_\_\_

**If an ESTATE please complete:**

Administrator's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Month / Day / Year City Province Postal Code ( ) Area Code Phone Number

**Must enclose a copy of the Death Certificate AND the first page of the will or letters probate which shows the person below named as beneficiary.**

**Member's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(Must be signed by Member, Administrator, or Power of Attorney)

**PART 2**

I hereby apply for Membership/Ownership in, and subscribe for shares of the capital stock of, Peninsula Consumer Services Co-operative based on the transfer of the above membership.

**Please print**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City Province Postal Code

SIN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

If you are already a member of Peninsula Co-op please complete: Member # \_\_\_\_\_ (if applicable)

**New Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**All applications are subject to approval by the Board of Directors at a Monthly Board Meeting.**

|                            |                          |                              |
|----------------------------|--------------------------|------------------------------|
| <b>FOR OFFICE USE ONLY</b> | Common shares _____      | Date approved by Board _____ |
|                            | Preferred shares _____   |                              |
|                            | Amount transferred _____ |                              |

(Revised 11/19)

Please sign form when completed and send to us by: mail to the address above; drop off at any Peninsula Co-op location; fax to 250.652.5298 or email to [membership@peninsulaco-op.com](mailto:membership@peninsulaco-op.com) together with supporting documents.