Resignation Form

| Name: | |
|---|-----------------------------|
| Membership Number: Resignation Date: | |
| REASON FOR RESIGNATION □ Reassignment □ Repatriation □ Senior/Emeritus transfer □ Other: | |
| SENIOR/EMERITUS TRANSFER I hereby declare my intention to transfer my membership to my □ child □ grandchild | |
| Name of transferee: | |
| I agree to have my \pm 200,000 refundable deposit transferred to the membership transferee. \square Yes \square No Would you be interested in applying for adult family membership under your child/grandchild's membership for a monthly | y fee of ¥6,000? □ Yes □ No |
| LIFE MEMBERSHIP Life membership is worth considering for those Regular Members who no longer live in Japan but who plan to year. Would you be interested in becoming a Life Member? Yes No | visit for up to 60 days a |
| FINAL BILLING OPTIONS As stipulated in the Club's Articles of Association, any outstanding account balance must be settled in full for to be completed. □ Direct debit □ Credit Card: Card type: □ MasterCard □ Visa □ American Express □ Diners Club | the resignation process |
| Cardholder's name: | |
| Card no: Card Expiration Date: | |
| DEPOSIT REFUND OPTIONS Any outstanding account balance must be settled in full before a deposit can be refunded. Deposit or partial deposit to be paid to: □ my bank account □ company bank account | |
| Bank name: Branch: | |
| Account no: Account type: | |
| Account holder's name: | |
| Company contact person: | |
| COMPANY MEMBERS Will your Company membership remain open? Yes No Conversion to Company Life membership If you answered yes, please note that a vacancy fee of ¥25,000 and a building maintenance assessment of ¥3 New assignee name: | |
| If you answered no, please contact the Membership Office for a Company Membership Slot Cancellation Form <i>Corporate Transition Privileges</i> : Contact the Membership Office for details. | Λ. |
| NEW CONTACT DETAILS Address: | |
| Tel: E-mail: | |
| By signing this form, I understand and agree to the terms and conditions above and declare that the information | |
| REINSTATEMENT Resigned Members who wish to reactivate their membership may do so within six months of resigning. Please Office for details. | contact the Membership |



Signature: ___