

NICHADA FITNESS & RECREATION

RESIGNATION FORM

Name :			Club No		
[] Private House	[] Propert	y House			
House No. :		_ Compound	N	lichada Thani	
Tel :	_ Mobile :		_ Email :		
Security Deposit [] N	lo []Yes	Paid by [] Tenan	t Name		
		[] Owner	Name		
Forwarding address					
				· · · · · · · · · · · · · · · · · · ·	
				····	
Resignation :					
Please be advised that	at I wish to resi	ign my membership	as from		
Please be return my	deposit, less ar	ny outstanding amou	nts and arrange for	· my account to be	
settle on	return d	leposit by cheque me	ention to		
This form was submit	ted on		[Date]		
received by			[Staff signatur	e]	
Note : A minimum of	f 14 working d	ays is required for t	he return of depos	sits which will be returned	
by CHEQUE only.					
Reason for Resignat	ion :				
					
			- 		
				Signature	

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