

**Simbag sa Emerhensya asin Dagdag Paseguro****Mutual Benefit Association (SEDPA MBA) Inc.**

2nd Level SEDCen Bldg. Block 7, Landco Business Park,
Legazpi City, Albay, Philippines
CP No.: 09171871373 Email: sedp_mba@yahoo.com.ph

APPLICATION FOR RESIGNATION

NAME	ORIGINAL DATE OF RECOGNITION	
BIRTHDATE	DATE OF FIRST RESIGNATION	
CERT. NO.	DATE OF BALIK-SEDPA MBA	
ADDRESS	SPO	CENTER

This is to file my resignation as member of SEDPA MBA effective _____, 20____ for the following reasons:

- ☐ I am requesting for the refund of the 50% of my contribution in Life Insurance for the reason that I do not receive any benefit since I become a member of the Center.
- ☐ To deduct from the refund of Life Insurance benefit I got amounting to Php. _____.
- ☐ I permit that the Refund of Contribution that I will receive will be paid to my remaining balance in the Center or SPO.

SIGNATURE

DATE: _____

OUTSTANDING BALANCE:

CENTER: Php _____

SPO : _____

TOTAL : Php _____

Prepared and Attested by:

CDW

DATE: _____

PERMISSION AND APPROVAL OF SPO MANAGER

Based on the request of _____, I approved his/her resignation for the following reasons:

- ☐ Has no remaining financial obligations in the Center.
- ☐ He/She permits that the Refund of Contribution be paid to his/her outstanding balance in the Center

SIGNATURE OF SPOM OVER PRINTED NAME

DATE: _____

PERMISSION AND APPROVAL OF MBA MANAGER

NAME OF SPO

Based on the request of _____, I approve his/her resignation because he/she has no financial obligations or any other impediments in SEDPA MBA.

And for this I approve to pay his/her benefits:

BENEFITS IN	TOTAL CONTRIBUTION	GRATUITY	INTEREST	TOTAL AMOUNT OF MEMBERS' EQUITY
Life Insurance (Equity)				

Approved

MBA Manager

Date: _____