

..... (Your address)

.....

.....

..... (Date)

**THE MANAGING DIRECTOR
WORKERS FUND
ACCRA**

Dear Sir,

WITHDRAWAL FROM MEMBERSHIP

I wish to withdraw from membership of Workers Fund effective (please insert the date you wish to withdraw from membership of the organization).

I understand that a cessation package can only be provided if I have:

1. Been a member of the organization for at least a one (1) year period;
2. Given at least ninety (90) days' notice to the organization of my intent to withdraw;
3. Settled all debts of mine; and
4. Ceased to be a guarantor for any loan.

I hope my request will be given the necessary attention.

Thank you.

Yours faithfully,

..... (Signature)

..... (Name)

..... (Membership Number)

..... (Contact Number)