



APPLICATION FOR TRANSFER OF EQUITY

Clearview Consumers Co-op Ltd.

365 PTH 12 N, Steinbach MB R5G 1V1
Phone: 204-346-2667 Fax: 204-346-5050 Email:
admin@clearview.crs
www.clearview.crs

DATE _____

TRANSFER EQUITY FROM:

NAME _____ MEMBER # _____

ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____

REASON FOR TRANSFER :

If reason is Estate please attach proof of Administrator/Executer

TRANSFER EQUITY TO:

MEMBER NUMBER _____ MEMBER NUMBER _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PERCENTAGE _____ % AMOUNT \$ _____

PERCENTAGE _____ % AMOUNT \$ _____

If the Member Number remains the same but the name changed please provide the following information

NEW MEMBER NAME _____

DATE OF BIRTH _____
MONTH DAY YEAR

S.I.N. # _____

I/We understand that such a transfer could result in income tax consequences to the transferee. I/We take full responsibility, and understand that I/we should consult my/our tax advisors in this regard.

APPLICANT'S SIGNATURE

Print Name

Print Name

Signature

Signature

FOR OFFICE USE ONLY

AUTHORIZED BY _____ TRANSFER DATE _____



You're at home here.

Bond of Indemnity Clause

By signing below, we have agreed to indemnify and save Clearview Consumers Co-op Ltd. harmless from and against every claim, demand, liability, expense, loss, judgements and any and all liability therefore, sustained or incurred by reason of having executed or procured the execution of this equity transfer.

APPLICANT'S SIGNATURE

DATE _____

Print Name

Print Name

Signature

Signature