

UNION CANCELLATION LETTER

The Accountant / Chief Director
The Department of Education Head Office
Copy Below (indicated) Union

To Whom it may Concern,

Personal Details:

Tick one: Mr Mrs Miss. Other _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____

PERSAL NO: _____

POSTAL ADDRESS: _____

Tick one or write the name of the union in the spaces provided below.

Union to Cancel: SADTU NEU PEU PSCBC

Other _____

Please print your name clearly below, then sign and date where indicated.

I, _____
The undersigned do hereby cancel/ terminate my membership with the above indicated union with immediate effect. I fully authorize The NATIONAL TEACHERS' UNION to communicate this instruction to the Department of Education. In event that my union dues to the cancelled/ terminated union above are not stopped forthwith, I then further authorize The NATIONAL TEACHERS' UNION to act in my behalf to secure the cancellation / termination and stoppage of dues going to the above cancelled/ terminated union and to recover all or any monies that are due to me from the above indicated cancelled/ terminated union.

This cancellation is made in terms of the ELRC Act.

SIGNED: _____ DATE _____