



CANCELLATION REQUEST

I hereby request the permanent cancellation of my FACE subscription and the forfeiture of associated benefits. I accept the terms set out below.

The original and completed form must be returned to the FACE office.

FACE will only process this cancellation upon the attached submission of the respective Facecard.

Any cancellation request received on, or after, the 1st will be processed in the following month's salary cycle.

DATE:	
NAME:	
STAFF NO.	
SIGNATURE:	
REASON FOR CANCELLATION:	

ATTACH FACECARD HERE