

Member relinquishing interest in the Syndicate Registered as the

Syndicate.

## Outgoing Member Details

By signing this application you are acknowledging that you have relinquished your interest in the above named syndicate and that the manager has also signed and acknowledged this fact.

Date of Birth *(dd/mm/yyyy)* Title Given Names Surname

Postal Address

Suburb Post Code

Phone Mobile Email

Signature Date *(dd/mm/yyyy)* Shares held

## Syndicate Manager Details

By signing this application you are acknowledging that the above member is relinquishing their share(s) of the above named syndicate.

Date of Birth *(dd/mm/yyyy)* Title Given Names Surname

Postal Address

Suburb Post Code

Phone Mobile Email

Signature Date *(dd/mm/yyyy)* Shares held

## Pay the application fee as per the current fee schedule:

<https://www.qric.qld.gov.au/licensing-and-ownership/schedule-of-fees-and-charges/>

## Payment Details

Total Payment \$

Cardholder's Name Card Number (VISA or Mastercard only)

Cardholder's Signature Expiry Date CVN  
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\* Cheques and money orders are not accepted in QLD