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| Workplace Nurseries’ Salary  Exchange Scheme **Membership Withdrawal** | | | | |  | | | | |
| 1. **General Details** | | | | | | | | | |
|  | | | | | | | | | |
| Surname |  | First names | |  | | | Title |  |  |
|  | | | | | | | | | |
| Home Address |  | | Payroll No  Telephone  Work Email | | |  | | |  |
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| 1. **Details of Child(ren)** | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of Child | | | | Date of Birth (dd/mm/yyyy) | | Edwinstowe/  West Cambridge/  Eddington/  Chris Abell | | | |  | Date child leaves nursery | | | |  | | |
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| 1. **Reason for withdrawal:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | Birth or at key stages in adoption of a child |
|  |  | | Leaving University Employment but child eligible to remain in nursery | | | | |  | |  | | | | | | | |  |
|  |  | | Employee leaving University | | | | |  | |  | | | | | | | |  |
|  |  | | Child leaving nursery | | | | |  | |  | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | LC5 |  | | | LC15 | |
| 1. **Date from which you wish to withdraw from the scheme:** | | | | | | | | | | | | | | | | | | | LC6 |  | | | LC15 | |
|  | | | | | | | | | | | | | | | | | | | LC7 |  | | | | Year | | | |  | | | | | |
|  | | Month | | | Year |  | | | | | | | | | | | | |
|  | |  | | | 202 |  | | | | | | | | | | | | |
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| I understand that I cannot receive a refund of any salary exchange. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | Day | | | Month | |
| Signature | | | |  | | | | |  | | | | Day | Month | Year | |  | |
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