

**DAMAYAN SA CAVITE COMMUNITY MULTIPURPOSE  
COOPERATIVE (DACCO MPC)**

Date: \_\_\_\_\_

To whom it may concern:

I am writing to formally request the closure of my DKKM account. With this request, I fully understand and agree that I am no longer considered a member of DKKM. Accordingly, neither I nor my family shall be entitled to any benefits, assistance, or privileges granted to active members in the event of my demise.

I acknowledge that any remaining funds in my account cannot be withdrawn.

Furthermore, I understand that if I wish to apply for re-membership in the future, I must seek approval from the DKKM Committee, and my coverage will be under contestability for one (1) year from the date of reactivation.

Thank you very much for your attention and understanding.

Sincerely yours,

\_\_\_\_\_

**SIGNATURE OVER PRINTED NAME**