

Notification of my desire

- to resign from a local branch of the Industrial Union
- remain a member of A-kassa
- also resign from A-kassa

Name _____

Personal identity code _____

Place and date _____

Signature _____

Please return this form to**Industrial Union
Jäsenpalvelu
PL 107
00531 HELSINKI****If the reason for the resignation is a change of union, please give the following information**

Name of the union _____

Date when joined _____

Teollisuusliitto ry • Industrifacket rf • Industrial UnionPostal address
PO Box 107
00531 HELSINKI

posti@teollisuusliitto.fi

Street address
Hakaniemenranta 1

Business ID 0201717-2

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Service numbers
Employee advice
Working environment and social
security issues
Member service

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