

FORM PPM5  
[Regulation 19(5).]  
RESIGNATION FORM

Name of Member .....

Office held in the party (where applicable)

.....

ID NO...../Passport No.....

E-Mail.....

Date.....

Name of Political Party Resigning From.....

Postal Address:.....Postal Code:..... City:.....

Attach Copy of ID/Passport

Sign.....

c.c. Registrar of Political Parties

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