



Withdrawal form

Name:

CPR-nr.: -

Signature:

Date:

It is hereby confirmed that I am opting out of SIK.

If the completed withdrawal form has been handed in or submitted to the local department or to SIK headquarters after the 15th of the month, the membership contingent for the coming month will also be paid.

The form is handed in or submitted to the local department or SIK headquarters.