（様式第６号①）

互助会受付印

**法人退会届**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 令和 |  | 年 |  | 月 |  | 日 |

島根県民間社会福祉事業従事者互助会理事長　様

　下記のとおり退会を届出、様式第６号②を添えて退会給付金を請求します。

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施設・団体番号 |  | | | － | |  | | |  |  | |
| 法人名称 |  | | | | | | | | | |  |
| 代表者職名･氏名 |  | | | | | | | | | |
| 所在地 | 〒 |  | | | | － |  | | | | |
|  | | | | | | | | | | |
| 対象事業所  ※事業所ごとの登録をされている場合にご記入ください。 | 施設・団体番号 | | | | | | | 事業所名称 | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |
|  | | － | |  | | |  | | | |