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| <b>APPLICATION FORM FOR MEMBERSHIP:</b> |
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I, \_\_\_\_\_, (Full name(s) and surname as appearing in ID Document) voluntarily wish to apply for Membership and undertake to abide by the Constitution of A'sakhane Stokvel Group.

- Occupation:
- Profession:
- Highest qualification:
- Postal address:

My monthly savings will be: R\_\_\_\_\_.

**My Contact details are as follows:**

Cell:\_\_\_\_\_.

Email:\_\_\_\_\_.

Beneficiary (Full name):\_\_\_\_\_.

Physical Address:\_\_\_\_\_.

Postal Address:\_\_\_\_\_.