



YWBN Co-operative Financial Institution

Namlog Building
1 Corobrik Street
Meadowdale
Edenvale
1609

Tel:(061) 433 7507
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Fax: (086) 560 8583
E-Mail:info@ywbncf.co.za

APPLICATION FOR ORGANISATION MEMBERSHIP:

Particulars of applicant

Name of Organisation:

Type of Organisation:

Stokvel	Trust	CC	PTY (LTD)
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Main Focus of Organisation:

Registration Number: VAT Registration Number:

Telephone Number: Fax Number:

Cell Number: Email Address:

Physical Address:

..... Postal Code.....

Postal Address:

..... Postal Code.....

Particulars of representatives

Title: Surname:

Full Names (as per ID/ Passport):

Gender: Male Female Date of Birth: I.D. Number/ Passport:

Company you currently work for:Occupation:

Telephone Number (H): (W).....

E-mail: Cell Number:

Home Address:

.....Code.....



Membership Declaration:

As a member of YWBN Co-operative Financial Institution, I undertake to support the principles of the CFI, the spirit of the CFI and democracy, abide by credit rules and save and repay loans regularly.

Signed at _____ this _____ day of _____ 20 _____

REPRESENTATIVE'S SIGNATURE

WITNESS SIGNATURE

REPRESENTATIVE'S FULL NAME

WITNESS FULL NAME

FOR OFFICE USE ONLY:

Membership approved Yes No by _____ on _____.
FULL NAME AND SURNAME DATE

APPROVER'S SIGNATURE

Checklist:

	Y	N
Member of YWBN	<input type="checkbox"/>	<input type="checkbox"/>
Annual Membership Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>
Share Capital Paid	<input type="checkbox"/>	<input type="checkbox"/>

Type of Membership:

Individual
Enterprise (group)
Minor

Payment Details: ONLY ELECTRONIC TRANSFERS ARE ALLOWED

1. Annual membership fee: R550 (non-refundable)
2. Once-off share capital: R10 000
3. Monthly savings: R1000

Banking details :

FIRST NATIONAL BANK
Young Women in Business Network Co-operate Financial Institution Limited
ACC: 62584367520
BRANCH CODE: 250655
REFERENCE: NAME AND SURNAME

