

PROPERTY LIFESTYLE STOKVEL YOUTH ASSOCIATION

PLS - YOUTH ASSOCIATION 2019 MEMBERSHIP FORM

** Please note a Non-Refundable Application Fee of R200.00 should be paid by the applicant. The application fee is a monetary payment to the stokvel and it must be submitted along with an application. The Application fees shall be non-refundable even if an application is rejected or cancelled.

SECTION A:

OFFICE USE											
DATE REVIEW	D	D	M	M	С	С	Υ	Υ			
DOCUMENTS	YES	NO									
ACCEPTED/DECLINED											
DATE OF REGISTRATION APPROVED	D	D	IVI	M	С	С	Υ	Υ			
MEMBERSHIP NUMBER											
JOINING DATE											
EXPIRE DATE											

	INDIVIDUAL						
Identity Document	Pay Slip (if working)	Company Document	3 Months Bank Statement	Proof of Residence			

	PARENT/GUARDIAN (If Parent is taking surety)						
Identity Document	Pay Slip	Company Document	3 Months Bank Statement	Proof of Residence			

CATEGORY	CATEGORY AMOUNT	REGISTRATION FEE	TICK	DATE RECEIVED	DATE VERIFIED
CATEGORY AA	R1,500.00	R2,700.00			
CATEGORY BB	R750.00	R1,350.00			
CATEGORY CC	R500.00	R900.00			

^{**} Section A to be completed by the office Data Capture/Verifier and not by the applicant

ID/Passport no	Initial_	
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SECTION B:

** Section B to be completed by the applicant

Membership (indicate by tick)					
	2019				
Category AA	Category BB	Category CC			

1. MEMBERS INFORMATION

First Names:
Surname:
Maiden surname:
Gender:
Identity Number:
Date of Birth:
Physical Address:
Province:
City:
Code:
Rent/ owner – Number of years:
Previous Address:
City:
Code:
Telephone/Cell number:
Primary email:
Secondary email:

ID/Passport no. _____Initial_____

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Instgram /twitter/Facebook handle:			
Criminal Record:			
Institution:			
Field of Study/Course:			
Occupation:			
Highest Qualification obtained:			
	TIOV		
Marital Status of an Individual	TICK		
Married			
Separated			
Divorced			
Widowed			
Single			
Spouse/Partner Name:			
Spouse Identity Number:			
Details of	next of Kin		
Next of Kin Full Names:			
Relationship:			
Contact Details:			
Email:			
Other:			

ID/Passport no. _____Initial_____





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2. PARENT/GUARDIAN INFORMATION

**to be completed	Jb a.m. a. m.a.u.	4			b-b-lf-f4	h a
to be completed	i wnen a pare	nt or quardiar	I snaii act as	surety or pay	on benait ot ti	ne member.

First Names:			
Surname:			
Date of Birth:			
Identity Number:			
Physical Address:			
Province:			
City:			
Code:			
Rent/ owner – Number of years:			
Previous Address:			
City:			
Code:			
Rent/ owner – Number of years			
Telephone/Cell number:			
Primary email:			
Secondary email:			
Instgram /twitter/Facebook handle:			
Parent/ Guardian Marital Status	TICK		
Married			
Separated			
Divorced			
Widowed			
Single			

ID/Passport no. _____Initial____

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3. INSTITUTION INFORMATION	١	
Name of Institution:		
Address of Institution:		
Course/Field of Study:		
Highest Qualification:		
Commencement Year:		
Completion Year:		
What are you currently doing?		
Gross earnings per month / Allowance		
Net earnings per month		
When do you receive your salary (date):		
4. BUSINESS/COMPANY		
** To be completed in by those who have a registered bus	inesses	
Company/organisational Name:		
Registration Date:		
Ck Number:		
Director 1 Full Names:		
Director 2 Full Names:		
Director 3 Full Names:		
Physical Address:		
City:		
Code:		
Business Telephone/Cell phone		
ID/Passport no	Initial	
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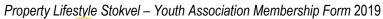




5. REFERENCES

	Full Name and Add	ress of nearest relative- not living v	vith you	
Full Name and	Surname:			
Address:				
Relationship:				
Telephone:				
Email:				
	Full Name and A	ddress of Personal Friend – Not Re	lativo	
	i uli Ivallie aliu A	uuless of Fersonal Friend – Not Ne	iauve	
Full Name and	Surname:			
Address:				
Relationship:				
Telephone:				
Email				
/ OATEO	ODVINEODMATION			
6. CATEG	ORYINFORMATION			
Category	Amount	Tick not more than 2	Indicate 1-2 of your Preference	
Category AA	R1500.00			
Category BB	R750.00			
Category CC	R500.00			
** Category Pr	amiums/Contributions shall incr	assa vaarly at a narcantaga unanim	ously agreed by members at their	
** Category Premiums/Contributions shall increase yearly at a percentage unanimously agreed by members at their annual National Property Assembly AGM based on Inflation rate and/or based on agreed percentage.				
		remium Date of Pay <mark>ment</mark>		
1st		25th 30th	o Other	







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7. FINANCES

	Source of Income	
Gross Remuneration (as per payslip)	R	
Monthly Commission (as per payslip)	R	
Rental Income	R	
Maintenance Income	R	
Income other than Salary/Wages	R	
, ,	Total Monthly Income (before deductions)	R
A.	Net take-home (after deductions) as per payslip	R
	Expenses	
Bond Repayment	R	
Vehicle Instalment	R	
Personal loan repayment	R	
Credit card repayment	R	
Furniture Accounts	R	
Clothing Accounts	R	
Overdraft and Other Fixed Debt	R	
Policy/ / Insurance Repayments	R	
Municipality (Rates, tax, electricity.)	R	
Household expense	R	
Telephone and Cell phone Repayment	R	
Transport Petrol Cost	R	
Educational fees	R	
Maintainces Repayment	R	
Food and Entertainment	R	
Security Payment	R	
Other expense 1	R	
Other expense 2	R	
Other expense 3	R	
	R	
	Total Monthly Living expense	R
	Net take-home (after deductions) as per payslip	R
В	Total Monthly Living expense	R
C = A-B = TOTAL		C = A-B = TOTAL
	TOTAL	R

ID/Passport no.	Initial_	
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8. DECLARATION

	I conditions. I confirm further that all information provided by me in this
application is true, correct and complete: Signed on _	
at	By (Full Names)
Signature (member)	
Signature (Witness)	_
I (full names)	solemnly declare and acknowledge that I voluntarily
joining the Property Lifestyle Stokvel and that I shall of	bey, uphold and respect the constitution, regulation, guidelines policies
and the code of conduct of the Property Lifestyle Stok	vel Club and respect its Leaders and Structures of all forms.
Signed on day ofyear:	at
Signature (member)	Witness:

ID/Passport no. _____Initial_____





DEDICATION OF FINANCES RESOURCES

Section A

V	Frequency
	Monthly
	Quarterly
	Half yearly
	Yearly

	Method of	f Payment		
V				
		Deposit		
		Electronic Pay	rment	
Account Holders Signature			Date	

Banking Details
Bank Name: FNB

Account Holder/Name: oGatsheni Architectural & Engineering

Account Number: 62701481525 Branch Name: Davenport Branch Code: 250655

Application:

Ref: PLSYA, Initials Surname & Date of Birth/ Membership Number. E.g. PLSYA REG K.A Dladla 13-07-1971/

Membership Number: 19/Y033/A/053

Registration:

Membership Number: 19/Y033/A/053

RECRUITMENT	OFFICER

(<u></u>
Name & Surname
Recruited on the:
At:
Three digits: _053
The recruiter three membership number is the last three digits in your membership number

- 40/V022/A/052

E.g. 19/Y033/A/053

JOINING RECEIPT
This is to confirm Mr/Mrs/Ms has joined and paid R
Date of payment:
Capturer Names:
Signature:
Financer Name:
Signature:
Date:
Verifier Name:
Signature:
Date:
Administrator/President Name:
Signature:
Date:

ID/Passport no	nitial

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