

2019 PLS MEMBERSHIP FORM

SECTION A:

**** Please note a Non-Refundable Application Fee of R350.00 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.**

OFFICE USE													
DATE REVIEW	D	D	M	M	C	C	Y	Y					
DOCUMENTS	YES	NO											
ACCEPTED/DECLINED													
DATE OF REGISTRATION APPROVED	D	D	M	M	C	C	Y	Y					
MEMBERSHIP NUMBER													
JOINING DATE													
EXPIRE DATE													

Identity Document	Pay Slip	Company Document	3 Months Bank Statement	Proof of Residence

Category	Category Amount	Registration fee @ 8.5%	Tick	Date Received	Date Verified
A	R15,000.00	R15,300.00			
B	R10,000.00	R10,200.00			
C	R7,500.00	R7,650.00			
D	R 5,500.00	R5,610.00			
E	R3,500.00	R3,570.00			

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

ID/Passport no. _____ Initial _____

2019 Property Lifestyle Stokvel Membership Form – Rev 3

Club Official Stamp
Page 1 of 9



SECTION B:

**** Section B: To be completed by the applicant**

Membership (indicate by tick)								
2019 (Rev)								
Ordinary Membership		Spouse Partner Membership		Family/Peer Membership		Organisation/church Membership		Special Membership

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:

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2019 Property Lifestyle Stokvel Membership Form – Rev 3

Club Official Stamp

Page 2 of 9



Instagram /twitter/Facebook handle:
Criminal Record:
Institution:
Field of Study/Course:
Occupation:
Highest Qualification obtained:

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:

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2019 Property Lifestyle Stokvel Membership Form – Rev 3

<p>Club Official Stamp Page 3 of 9</p>



4. REFERENCES

Full Name and Address of nearest relative- not living with you

Full Name and Surname:

Address:

Relationship:

Telephone:

Email:

Full Name and Address of Personal Friend – Not Relative

Full Name and Surname:

Address:

Relationship:

Telephone:

Email

5. CATEGORY INFORMATION

Category	Amount	Tick not more than 2	Indicate 1-2 of your Preference
A	R15,000.00		
B	R10,000.00		
C	R7,500.00		
D	R 5,500.00		
E	R3,500.00		

Premium Date of Payment				
1st	15th	25th	30th	Other

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2019 Property Lifestyle Stokvel Membership Form – Rev 3

Club Official Stamp
Page 5 of 9



6. PROVINCE/CITY OF CHOICE

Options	Province	City/Town (Preference)	Area
Option 1			
Option 2			

**** Category Premiums/Members 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.**

7. PACKAGES

Packages	
Option	Tick
1. Build to Occupy	
2. Buy/Purchase to Occupy	
3. Buy/Purchase to rent out	
4. Build to rent out	
5. Build to sell	
6. Purchase Land to develop	

ID/Passport no. _____ Initial _____

2019 Property Lifestyle Stokvel Membership Form – Rev 3

Club Official Stamp
Page 6 of 9



8. FIANCEES

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	
Vehicle Instalment	R	
Vehicle Instalment	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
B	Total Monthly Living expense	R
C = A-B = TOTAL		C = A-B = TOTAL
	TOTAL	R

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2019 Property Lifestyle Stokvel Membership Form – Rev 3



Club Official Stamp

Page 7 of 9

9. DECLARATION

I confirm that I agree to be bound by PLS's terms and conditions. I confirm further that all information provided by me in this application is true, correct and complete: Signed on ____ day of _____ year: _____
at _____ By (Full Names) _____
Signature (member) _____ Witness (Full Name): _____
Signature (Witness) _____

I (full names) _____ solemnly declare and acknowledge that I voluntarily joining the Property Lifestyle Stokvel and that I shall obey, uphold and respect the constitution, regulation, guidelines policies and the code of conduct of the Property Lifestyle Stokvel Club and respect its Leaders and Structures of all forms.
Signed on ____ day of _____ year: _____ at _____
Signature (member) _____ Witness: _____

ID/Passport no. _____ Initial _____

2019 Property Lifestyle Stokvel Membership Form – Rev 3



Club Official Stamp
Page 8 of 9

DEDICATION OF FINANCES RESOURCES

Section A

√	Frequency
	Monthly
	Quarterly
	Half yearly
	Yearly

Method of Payment	
√	
	Monthly Deposit
	Electronic Payment

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

Name & Surname _____
 Recruited on the: _____
 At: _____
 Three digits: _053 _____
 The recruiter three membership number is the last three digits in your membership number
 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. _____ Initial _____

2019 Property Lifestyle Stokvel Membership Form – Rev 3

Club Official Stamp
 Page 9 of 9

