



Bantu Fund

BANTU FUND PROPERTY LIFESTYLE 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	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												

INDIVIDUAL				
Identity Document	Pay Slip (if working)	Proof of Residence	Office Comments	Office Comments

PARENT/GUARDIAN (If Parent is taking surety)				
Identity Document	Pay Slip (if working)	Proof of Residence	Office Comments	Office Comments

CATEGORY	CATEGORY AMOUNT	TICK	DATE RECEIVED	DATE VERIFIED
Existing Client-Member	Membership Number:			
Application	200.00			
Registration	R1,100.00			

**** 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)	
CATEGORY	CATEGORY AMOUNT
Existing Client- Member	Membership Number:
Application	200.00
Registration	R1,100.00

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:

ID/Passport no. _____ Initial _____



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Telephone/Cell number:
Primary email:
Secondary email:
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:	

2. PARENT/GUARDIAN INFORMATION

****to be completed when a parent or guardian shall act as surety or pay on behalf of the member.**

ID/Passport no. _____ Initial _____



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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:
Instagram /twitter/Facebook handle:

Parent/ Guardian Marital Status	TICK
Married	
Separated	
Divorced	
Widowed	
Single	

3. INSTITUTION INFORMATION

ID/Passport no. _____ Initial _____

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Name of Institution:
Address of Institution:
Course/Field of Study:
Highest Qualification:
Commencement Year:
Completion Year:
What are you currently doing?
Company Name:

4. BUSINESS/COMPANY

**** To be completed in by those who have a registered business (please attach supporting documents)**

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
Would you like to do business with the Property Stokvel?
Trade:
Experience in Trade:

ID/Passport no. _____ Initial _____



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5. 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

ID/Passport no. _____ Initial _____

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7. FINANCES

When do you receive your salary (date)?

Gross earnings per month / Allowance

R 0 0 0 , 0 0 0 , 0 0 0 . 0 0

Net earnings per month (After Deduction) – **Only if working**

R 0 0 0 , 0 0 0 , 0 0 0 . 0 0

**** Category Monthly Contributions/Contributions shall increase yearly at 10%-15% percentage. Registration is renewable every year.**

Monthly Contributions Date of Payment				
1st	15th	25th	30th	Other

8. 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 _____



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DEDICATION OF FINANCES RESOURCES

Section A

√	Frequency
	Monthly
	Quarterly
	Half yearly
	Yearly

Method of Payment	
√	
	Cash Deposit
	Electronic Payment

Account Holders Signature		Date	
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Banking Details

Bank Name: FNB

Account Holder/Name: oGatsheni Architectural & Engineering

Account Number: 62701481525

Branch Name: Davenport

Branch Code: 250655

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

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: _____

SEND MEMBERSHIP FORM TO propertylifestylestokvel@gmail.com with subject "BFPLS Applicant"

ID/Passport no. _____ Initial _____



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