

SAVE NGWATHE

BESIGHEID / ORGANISASIE - BUSINESS / ORGANIZATION

LIDMAATSKAP AANSOEKVORM / MEMBERSHIP APPLICATION FORM

Naam / Name: *					
Van / Surname: *					
ID no.: *					
Geslag / Gender:					
Taal / Language:	Afrikaans	English	Sesotho	Other	
Posisie / Position:	Owner	Manager	Financial Manager	Shareholder	
Mediese beperkings / Medical impairments	Oxygen or other support system	Mobility	Hearing Impaired	Sight Impaired	Mentally Handicapped
Besigheidsnaam / Name of Business:					
Besigheids tipe / Type of Business:					
Registrasie / Registration no.:					
BTW / VAT no.:					
Posadres / Postal address:					
Straat adres / Street address: *					
Wyk / Ward:					
Dorp / Town: *					
Kode / Code:					
Tel (Werk / Work):					
Tel (Huis / Home):					
Cell: *					
Informasie deur / Information by:	WhatsApp	SMS	E-Pos / Email		
E-pos / Email: *					

BOSTAANDE INLIGTING IS VOLLEDIG EN KORREK. EK DOEN HIERMEE AANSOEK OM LIDMAATSKAP VAN SAVE NGWATHE EN ONDERNEEM OM DIE REËLS VOLGENS DIE GRONDWET VAN SAVE NGWATHE NA TE KOM. THE ABOVE INFORMATION IS COMPLETE AND CORRECT IN ALL ASPECTS. I HEREBY APPLY FOR MEMBERSHIP OF SAVE NGWATHE, AND UNDERTAKE TO ABIDE BY THE RULES CONTAINED IN THE CONSTITUTION OF SAVE NGWATHE

GETEKEN / SIGNEND: _____ TE / AT _____ DATUM / DATE: _____