

ENSACO BLACK UNITY SOCIETY

EBUS MEMBERSHIP FORM"

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for office use)

Date received	D	D	 	M		Υ	Y	Ŷ	Y															
Date registration approved	D	D	M	М		Υ	Y	Υ	Υ															
Membership number									•	•	۰													
Joining date	D	D	M	M		Y	Ÿ	Y	Y	•														
Expire date	D	D	M	М		Y	Y	Υ	Y															
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DOCUMENTS REC	QL	JIRE	ED																					
Identity document	Е	Birth C	ertif	icat	es					any										side	enc	е [

MEMBERSHIP FEES

Category	Minimum Monthly Contribution Fee	Joining Fee	Tick
Youth & Unemployed	R35	R50	
Youth & Employed	R150	R50	
Adult & Unemployed	R50	R100	• • • •
Adult & Employed	R135	R50	• • • •
Self Employed	R135	R50	
SMME (Partners & Suppliers)	R200	R350	• • • •
Special SMME Discretionary waiver	R100	R100	• • • •
Pensioners (min 65 -max 75 years)	R35	R50	• • • •
Family Package (Adults x 2 & Kids x 2 under 18)	R300	R150	• • • •
Supporter	R100 (annually)		

 $^{^{\}star}$ Fees are to increase by 10% on an annual basis upon the anneversary of membership

Initials				
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SECTION B
(to be completed by the applicant)

MEMBERSHIP (tick applicable) Supporter		Соі	re P	artr	ner				F	Part	ner	Ver	ndoi							Sur	oplie	er		
MEMBER INFORM	1A ⁻	TIC	AC	1																				
First Names																Z.						<u> </u>		
Surname																\								
Race	Af	frica	an				W	hite	9			Col	our	ed					Ind	ian				
Disability	Ye	es		/	•		N	0		+		If ye	es, s	spe	cify	· [
Gender	М	ale					Fe	ema	le	F						_								
Nationality	R!	SA					N	on F	RSA			If no	ot, t	her	า st	ate	wh	ich	one	9				
Identity number										0				4										
Date of birth	D	D		М	М	Υ	Y	Y	Ŷ	•		•												
Physical Address											·													
Province																								
City																								
Code						•			•	•	•					•			٠	٠		• ^		
Telephone/Cell number:									•															
Primary email														ì										
Highest Qualification obtaine	ed :																							
Field of Study:												5												
Current occupation									0	0						9	0		0	0	0,	0	0	
carrent occupation									0	0							0	0	0	0		0		<u> </u>
SPOUSE INFORM (tick applicable)	AT	TIC	N																•	•	•			
First Names														0		0	0	0	0	0	0	0 (
Surname														۰		0	0		0					
Maiden Name																								
Identity number																								
Date of birth	D	D		Μ	M	Υ	Υ	Υ	Υ															
Physical Address										•				•										
Province																								
City																								
Code																								
Telephone/Cell number:										•						0	0							
Primary email										•) (0			0					
Highest Qualification obtained	∍d																		9					
Field of Study:																								
Current occupation																								

Initials

DEPENDANT INFORMATION

(If	ar	n	lica	ble)
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City: Code:

Telephone/Cell number:

(If applicable)																							
DEPENDENT ONE (1)																							
First Name(s)																			A				
Surname						7	•	•															
Gender	Male				A	Fe	ema	ale						X					X				
Identity number										Ė													
Date of birth	DD	M	I M		Y	Υ	Y	Υ															
Current Grade						7	•	•	• •							•							
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DEPENDENT TWO (2)								•	• •														
First Name(s)														٠									
Surname						9		•	0 0					٠	٠	٠							
Gender	Male					Fe	ema	ale	0 0	•	•	٠	•										
Identity number																							
Date of birth	D D	M	1 M		Υ	Υ	Υ	Υ															
Current Grade							•	•	0					•	•	•		•	•	•	•		
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First Name(s)										1	1		0				Г	ľ					
Relationship																							
Contact Details]							0	0			0		0				
Email													0						P		P	Ų.	
Other																					Ī		
BUSINESS INFO		10h	1 116			-1-\							•	•	•	0		0	0	0			
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Business name:																							
Ck Number:								24														0	
Years of Operation:																						O, I	
Industry/Sector:																0	0	0		•			
Director 1 Full Names:																							
Director 2 Full Names:																							
Director 3 Full Names:																0	0					0,	
Physical Address:							0	0										0					

Initials

SECTION D

(to be completed by the applicant)

TERMS AND CONDITIONS

This is an empowerment initiative, and not savings initiative, therefore, only 75% of the total monies paid in will be refunded to member/s who decide to exit the initiative and the 25% along with interest accumulated will be retained as penalty.

*A 10% administration levy will be charged against every deposit transaction made.

DECLARATION				
I hereby confirm that I agree with EBU me in this application is true, correct a		. I further confir	m that all the inform	nation provided by
Signed at	on	day of	20	-
Signature (Member)				
SECTION E (to be completed by the applicant)				
BANKING DETAILS - Ty	ymeBank			
METHOD OF PAYMENT (tick applicable)				
Debit Order Cash Payr	ment	Stop Order		EFT
Account name.: EveryDay Business A Account type : Current Account	ccount			
Account no. : 53000075469				
Branch code : 678910				
Ref: Name & Surname				
Receipt:				
Administrator			Chairporcon	
Administrator:Signature:			Chairperson: Signature:	
Date:	-		Date:	••••

Initials