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SECTION C

(to be completed by the applicant)

DEPENDANT INFORMATION

(If applicable)

DEPENDENT ONE (1)

First Name(s)	<input type="text"/>
Surname	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Identity number	<input type="text"/>
Date of birth	<input type="text"/>
Current Grade	<input type="text"/>

DEPENDENT TWO (2)

First Name(s)	<input type="text"/>
Surname	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Identity number	<input type="text"/>
Date of birth	<input type="text"/>
Current Grade	<input type="text"/>

NEXT OF KIN

First Name(s)	<input type="text"/>
Relationship	<input type="text"/>
Contact Details	<input type="text"/>
Email	<input type="text"/>
Other	<input type="text"/>

BUSINESS INFORMATION (If applicable)

Business name:	<input type="text"/>
Ck Number:	<input type="text"/>
Years of Operation:	<input type="text"/>
Industry/Sector:	<input type="text"/>
Director 1 Full Names:	<input type="text"/>
Director 2 Full Names:	<input type="text"/>
Director 3 Full Names:	<input type="text"/>
Physical Address:	<input type="text"/>
City:	<input type="text"/>
Code:	<input type="text"/>
Telephone/Cell number:	<input type="text"/>

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 EBUS terms and conditions. I further confirm that all the information provided by me in this application is true, correct and complete.

Signed at _____ on _____ day of _____ 20____

Signature (Member)

SECTION E

(to be completed by the applicant)

BANKING DETAILS - TymeBank

METHOD OF PAYMENT

(tick applicable)

Debit Order ☐

Cash Payment ☐

Stop Order ☐

EFT ☐

Account name.: Everyday Business Account

Account type : Current Account

Account no. : 53000075469

Branch code : 678910

Ref: Name & Surname

Receipt:

Administrator: _____

Signature: _____

Date: _____

Chairperson: _____

Signature: _____

Date: _____

Initials

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