



Nagrik SA

Nagrik SA Financial Services Co-operative Limited
(Registration no 2013/015732/24)

Registered Address:
22 BILBO STREET, ELDOGLEN EAST,
ELDORAIGNE, CENTURION,
GAUTENG, 0157, SOUTH AFRCIA
PH.: +27 (0)745223323
Email: admin@nagriksa.co.za

Reg No (2013/015732/24)

**Application Form
For Individuals only**

(Please fill the form in BLOCK LETTERS only)

(paste your resent
35mm x 45mm sized
color photograph

**To
The Directors,
Nagrik SA Financial Services Co-Operative Limited**

I, the undersigned, would like to apply for the membership of the Nagrik SA Financial Services Co-Operative Limited

Personal Details:

Name: _____
Surname First Name Middle Name

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Tel: (O) _____ **(R)** _____ **(M)** _____

Fax: _____ **Email:** _____

Sex: Male/Female **Color:** White/Black/Coloured / Indian **Nationality:** _____

Date of Birth: _____ **Age:** _____ years

ID no: _____ **IT Reference No:** _____

Occupation: Salaried Business Doctor Engineer
 Lawyer Retired Student Other

Are you suffering from any disability? Yes No

The following documents must be annexed along with the duly completed Application Form. Please attach a copy of the following:

- South African ID/Passport; ()
- SARS Registration / IT reference ID; ()
- 2 Passport Sized Recent Colour Photographs; and ()
- A minimum cheque of R1 300.00 - in favour of Nagrik SA Financial Services Co-Operative Limited towards or Proof of remittance to the bank account of the Nagrik SA Financial Services Co-Operative Limited (detail of bank account given at the end of form)



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No. of Shares Applied for	:	_____	@ R 100.00 per share	_____
Admin Fee	:	_____	R 200 per Share	_____
Savings Deposit	:	_____	(Minimum R 1000)	_____
TOTAL PAYABLE		_____		_____

Mailing Address:

All correspondence will be mailed to the address of the applicant. In case you desire the correspondence be sent to address other than that mentioned on page 1, please provide the same hereunder:

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: (O) _____ (R) _____ (M) _____

Declaration

I, hereby, declare that the particulars given above are true and correct.

I have read and understood the Constitution of the Nagrik SA FSC Co-Operative Ltd & Rules framed thereunder and agree to them. I am bound by the Constitution of the Nagrik SA FSC Co-Operative Ltd & Rules framed thereunder.

Signature of applicant:

Date: _____

Place: _____

For Office Purpose:

Received by: _____ Date: _____

Remarks if any: _____

Application for admission to the membership of Nagrik SA FSC Co-Operative Ltd is **Approved [] / Rejected []**

Signature of Committee Member / Secretary: _____ Date: _____

Banking Details:

Beneficiary Bank	:	STANDARD BANK
Beneficiary Account Name	:	Nagrik SA Financial Services Co-Operative Ltd
Account Number	:	013400681
Branch Name & Clearing Code	:	West End (010345)

- **If deposited by cash R 1350 including cash deposit fee**