

Email : info@ThulamelaBusiness.co.za Website : www.ThulamelaBusiness.co.za Tel : (+27) 71 646 6011

HELP LINE: (+27) 72 652 7128

MEMBERSHIP APPLICATION FORM

					REF NO	:							
	Plea	se complete	this appli	cation in f	full with al	I the requir	ed infor	mation					
				APPL	icant de	ETAILS							
NAME	_			SURNAM	F						-		
		00111/11	CONTRACTINE						TITLE				
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RESIDENTIAL					MARITAL	STATUS							
ADDRESS													
POSTAL ADDRESS						Code:							
OSTAL ADDRESS		Code:											
CONTACT NUMBERS	Tel Number						Mobile No.						
	Fax Number												
	Email Addres	S											
				RUSI	NESS DE								
NAME OF BUSINESS				0001									
TYPE OF BUSINESS	INFORMAL		REGISTI	ERED CO-C	PERATIVE			REGIST	ERED SMN	٨F			
SECTOR			I LOIOI			lture, Hospital	lity, Trans						
REG. NUMBER					VAT NUN	1BER							
BUSINESS LOCATION	CBD	Town/V	illage										
	Name						Cor	ntact Tel					
BUSINES PHYSICAL ADDRESS													
ADDITESS								Code:					
BUSINESS POSTAL													
ADDRESS								Code:					
CONTACT PERSON	Name & Surr	name											
POSITION	-			Tel No.					Mobile				
				Fax No.					No.				
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			l	ALTERNATI	IVE CONTA	ACT PERSON	1						
1. NAME & SURNAME							lobile No						
2. NAME & SURNAME	_						lobile No						
3. NAME & SURNAME 4. NAME & SURNAME							lobile No lobile No						
					BANKING D								
Bank Name	: FNB- First Nat	ional Bank		Ac	count Holde	er: Thulame	LA BUSI	NESS FO	RUM				
Account	Type of Acc: CHEQUE												
Please u	se above banking	details for payr	nent of mem	bership fees	. Email proo	of of payment	together w	ith form to	o info@Thu	lamelaBus	iness.co.:	za	
Signed at				10	n the		day of			20			
I hereby confirm that I have appl pledge to pay the annual subsc)*)or as may be p	orescribed. I p	ledge that all	information p		e and corre	ect to my be	est knowledg				
APPLICANT SIGNATURE						TBF CHAIRPERSON							
Applicant Name						_			Witnes	SS			
				Executive I	Members:								