SADTU SAVINGS AND CREDIT CO-OPERATIVE LIMITED

Reg no. 2019/004281/24

"Your future Co-operative Bank"

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

First names:_____Surname:_____

Date of Birth:_____Identity Number:_____

Address:_____

Contact Number:_____Work Telephone Number::_____

Cell phone number:_____Email address:_____

Employers Name and Province:_____

MEMBERSHIP SHARE AND SAVINGS ACCOUNT

Please deduct __R100__Joining Fee and __R200__Membership Share on _____(date)

Regular Savings Account R_____(minimum R100 per month) from_____(date)

Christmas Savings Account R_____(minimum R100 per month) from_____(date)

DECLARATION

I hereby apply for membership and agree to abide by the Constitution of SADTU SACCO. I declare that the information given in this form is true and accurate to the best of my knowledge. I understand that there is an initial R100 Joining Fee and R200 Membership Share, and that my Regular Savings Account must hold a minimum of R100 at all times.

Signed: _____Date:_____

SADTU SACCO BANKING DETAILS

Bank: **FIRST NATIONAL BANK** Account Number: **62819930810** Branch code: **250655** Reference: **YOUR ID NUMBER**

BENEFICIARY NOMINATION

In the event of my death, SADTU SACCO will pay the value of our Membership Share Account and Membership Savings Account to the person you name below:

In the event of my death, I_____hereby nominate_____
Relationship_____Address_____
Identity number_____as the person whom there shall be transferred such property in SADTU SACCO which may be mine at the time of my death.

Signed: _____Date_____

Witnessed by*: _____Date_____

***The witness may not be the beneficiary.**

THE FORM SHOULD BE RETURNED WITH A COPY OF IDENTITY DOCUMENT AND PROOF OF ADDRESS.

AUTHORITY TO DEBIT ACCOUNT

Given by (Name of account holder)			
Address			
Bank		Branch code	
Account number		Acount type	
Amount	R0,00 (Variable)		
To: (name of beneficiary)	**SADTU SAVINGS AND CREDIT CO-OPERATIVE LIMITED**		
Beneficiary's address	**20 DANN ROAD, GLEN MARAIS, KEMPTON PARK, 1620**		
Abbreviated name as it will appear on your bank statement	**SADTUSACCO**		

This signed Authority and Mandate refers to our contract dated_____(**'the Agreement')**

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

i. on the _ day ("payment day") of the month commencing on_____. In the event that the payment day falls on a Sunday or recognized public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

ii. monthly, bi-monthly, three monthly, six-monthly, annually, weekly, bi-weekly or once-off (delete which is not applicable), on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

This number must be added to this form in section D before the issuing of any payment instruction.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned Bank as if the instructions had been issued by me/us personally.

B. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

C. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____on this _____day of _____

_____

Signature as used for operating on the account

FOR OFFICE USE

D. AGREEMENT REFERENCE NUMBER

This agreement reference number is:_____