



## MEMBERSHIP APPLICATION FORM

Vuka Darkie Manufacturing Stokvel

### APPLICATION FOR MEMBERSHIP

To: The Committee of the Vuka Darkie Manufacturing Stokvel

I, [Full Name] \_\_\_\_\_, hereby apply for membership in the Vuka Darkie Manufacturing Stokvel, and agree to abide by the rules and regulations of the Stokvel.

### REQUIRED SUPPORTING DOCUMENTATION

- ID Copy of the member.
- ID Copy of the member's dependent.

### MEMBERSHIP DETAILS

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### NEXT OF KIN DETAILS (DEPENDENT)

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PACKAGE OPTION FOR (KINDLY TICK OR X THE PACKAGE YOU ARE OPTING FOR PLEASE)**

12 Months:

☐

24 Months:

☐

36 Months:

☐

**CONTRIBUTION OBLIGATIONS**

A new member shall pay a non-refundable joining fee of R150 (One Hundred and Fifty Rands) for administration purposes.

I agree to contribute R500 (Five Hundred Rands) per month to the Stokvel.

I understand that contributions are non-refundable and cannot be withdrawn.

I agree to make payments on or before the 1st day of each and every month.

**MEMBERSHIP AGREEMENT**

I acknowledge that:

Membership is for an indefinite period.

Contributions will be utilized for the collective benefit of the Stokvel.

I will attend meetings and participate in the decision-making processes.

**VUKA DARKIE MANUFACTURING STOKVEL: BANKING DETAILS**

Bank Name: FNB South Africa

Account Name: Vuka Darkie Manufacturing Stokvel

Branch Name: Bank City

Account Type: Stokvel Savings Account

Account Number: 63116690074

Branch Code: 250655

Swift Code: FIRZAJJ

Reference: Full Name

## **DECLARATION**

I declare that:

The information provided is accurate and true.

I am 18 years of age or older.

I have read and understood the rules and regulations of the Stokvel which are stated in the Stokvel's constitution.

## **SIGNATURE**

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **STOKVEL COMMITTEE**

**Chairman:** Khulani Sikhosana

Contact Number: +27 66 009 1386

**Secretary:** Tlotlo Dube

Contact Number: +27 72 125 8282

**Treasury:** Khensani Mvakali

Contact Number: +27 66 520 7974

**Kindly return the completed form to the Secretary please.**

All Queries and Submissions to be sent to our emails provided below!

Email : [vukadarkiemufacturing@gmail.com](mailto:vukadarkiemufacturing@gmail.com)

Email : [Vukadarkiestokvel@zohomail.com](mailto:Vukadarkiestokvel@zohomail.com)