



YWBN Co-operative Financial Institution

Namlog Building
1 Corobrik Street
Meadowdale
Edenvale
1609

Tel: (061) 433 7507
Fax: (086) 548 5585
E-Mail: info@ywbnc.co.za

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Title: Full Names (as per ID/Passport):

Surname: Gender: Male Female

Date of Birth: I.D. Number/ Passport:

Current Employer: Occupation:

Highest Qualification: Career History:

Do you own a Business: Name of Business:

Type of Business: Age of Business:

Main Business Focus:

Home Address:

..... Postal Code.....

Postal Address:

..... Postal Code.....

Telephone Number (H): (W).....

E-mail: Cell Number:

Next of Kin:

Relationship to Member:

Telephone Number (H): (W).....

E-mail: Cell Number:

Home Address:

..... Code.....

Membership declaration:

As a member of YWBN Co-operative Financial Institution, I undertake to support the principles of the CFI, the spirit of the CFI and democracy, abide by credit rules and save and repay loans regularly.

Signed at _____ this _____ day of _____ 20_____

APPLICANT'S SIGNATURE

WITNESS SIGNATURE

APPLICANTS FULL NAME

WITNESS FULL NAME

FOR OFFICE USE ONLY:

Membership approved Yes No by _____ on _____
FULL NAME AND SURNAME DATE

APPROVER'S SIGNATURE

Checklist:

	Y	N
Member of YWBN	<input type="checkbox"/>	<input type="checkbox"/>
Annual Membership Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>
Share Capital Paid	<input type="checkbox"/>	<input type="checkbox"/>

Type of Membership:

Individual
Enterprise (group)
Minor

Payment Details: ONLY ELECTRONIC TRANSFERS ARE ALLOWED

1. Annual membership fee: R550 (non-refundable)
2. Once-off share capital: R10 000
3. Monthly savings: R1000

Banking details :

FIRST NATIONAL BANK

Young Women in Business Network Co-operate Financial Institution Limited

ACC: 62584367520

BRANCH CODE: 250655

REFERENCE: NAME AND SURNAME