

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE AND EMAIL TO [INFO@MFSa.NET](mailto:info@mfsa.net) **OR**
PRINT, COMPLETE AND FAX TO 012 346 1082 or 086 694 5444
(PLEASE USE CAPITAL LETTERS)

I _____ hereby apply on behalf of
_____ (Pty Ltd / Trust / CC) for
membership of MicroFinance South Africa (MFSa) as from the month of _____ 20 _____

Membership status: (tick the box where appropriate)

Consumer Lender

Development Lender

Eg. Enterprise lender, Housing, Education

Centralised Processing

Eg. Call Centre, Web based

I undertake to pay the inclusive monthly subscription of R _____ (or as may be adjusted from time-to-time) in line with the MFSa Fee Structure on written notice to me per month and to abide by the Memorandum of Incorporation and Code of Conduct of the MFSa ("the Code") at all times. I understand that in terms of the Code, all membership rights lapse after three (3) months of non-payment of subscriptions. Should I wish to terminate my membership I will give MFSa one month's written notice.

Representative body of registered and legal Microfinance Credit Providers in South Africa.

The success of this Application is subject to the Applicant duly completing the Deed of Adherence attached hereto.

Name of company or organisation: _____

Trading name: _____

Postal Address: _____
Postal Code: _____

Physical Address: _____
Region: _____

Telephone number: _____

Fax number: _____

Company registration number: _____

NCR registration number:
(For credit providers only) _____

VAT Number: _____

CONTACT PERSON

Name of Signatory: _____

Title of Signatory: _____

Our appointed representative is

Name & Surname: _____

Designation: _____

Identity Number: _____

Tel No.: _____

Fax No.: _____

Cell No.: _____

Email address: _____

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ACCOUNTING DEPARTMENT

Name and Surname:

Title:

Tel No.:

Fax No.:

Cell No.:

Email address:

Where you conduct business through more than one entity or branch, each branch, entity, division, as the case may be, a list of all these entities must be attached to this Application. Please provide physical address, tel number and fax number of each branch as each branch is issued with their own membership and certificate number.

ALL AMOUNTS ARE EXCLUSIVE OF VAT

Enquiries:

Members: Uncial Haupt info@mfsa.net

Accounts: Dorien Roose fin@mfsa.net

Type of payment:

Debit order

Bank deposit /EFT

Cheque

Cash

Please fax proof of payment to: 012 346 1082

MFSa Banking details:

NEDBANK

Account No: 149 7109 418

Branch Code: 149 745

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ACKNOWLEDGEMENTS AND UNDERTAKINGS

I, as a representative of the Applicant hereby agree and declare that:

1. I understand that the MFSa will decide, in its sole and absolute discretion, whether to accept this Application or not.
2. By signing this Application, any person interested in this Application or part thereof, now or in the future, may rely upon the truth, correctness and accuracy of the information contained in this Application and any other supporting documentation or information provided by the MFSa.
3. I acknowledge that by my signature hereto, the Applicant agrees to be bound by the following Codes of Conduct :
 - a) The Micro Finance South Africa's Code of Conduct;
 - b) The National Credit Regulator's Credit Industry Code of Conduct to Combat Over-Indebtedness;
 - c) Payment Association of South Africa Code of Conduct;
 - d) Bankserv's Code of Conduct.
4. I acknowledge the abovementioned Codes of Conduct have been made available to me.
5. I confirm that the Applicant is able to meet the obligations that will be imposed on it by the MFSa.
6. I hereby declare that all and any information provided in this Application is accurate, truthful and correct in all respects and is not misleading in any way. By signing this Application, I agree that should this Application be approved, the Applicant will abide by all the declarations and terms contained in this Application.

SIGNED at _____ on this ____ day of _____ 20 _____

AS WITNESS:

1. _____

Full name of witness

2. _____

Full name of witness