

APPLICATION FOR ASSOCIATE MEMBERS

PLEASE COMPLETE AND EMAIL TO 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
_____ (CC) for membership of
MicroFinance South Africa (MFSa) as from the month of _____20__ and undertake to pay
the inclusive monthly subscription of _____ excl VAT or the annual amount of _____ excl VAT
(or as may be adjusted from time-to-time) and to abide by the Articles of Association at all times.
I understand that in terms of the Statutes, all membership rights lapse after three (3) months of
non-payment of subscriptions, and in the case of me wishing to terminate my membership I will
notify the MFSa with 3-month's notice.

BUSINESS NAME: _____

Postal Address: _____

Town: _____ Postal Code: _____ Region: _____

Business Address: _____

Tel: (____) _____ Fax:(____) _____

E-mail: _____

Address: _____

NCR / No: _____ Business Registration: _____

VAT NO: _____

CONTACT PERSON:

Mr/Mrs/Me: _____ ID: _____ Cell No: _____

Surname: _____ Names: _____

Signature: _____ Date: _____

ASSOCIATE MEMBER

ONCE OFF PAYMENT R 9639,00 excl VAT or monthly R 803,25 excl VAT

Enquiries Members: Uncial info@mfsa.net

Accounts: Dorien fin@mfsa.net

THE ABOVE AMOUNTS ARE EXCLUSIVE OF VAT

Type of payment: Cheque Cash Bank deposit Debit order

(Fax deposit slip to) 012 346 1082