

D. NEXT OF KIN NOMINEE INFORMATION

Name	ID/Birth Cert No.	Relationship	Tele No.	Age	%

E. REFEREE - To be filled by member introducing the applicant

Witness Name: -		Member No: -
ID / PP No.	Tele No: -	
Relationship to applicant: -	Date:	
By appending my signature here, I confirm that the applicant is well known to me.	Signature: -	

F. DECLARATION - To be filled by applicant

I _____ Of ID No _____
hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences

Sign: -

Date: -

APPROVAL - For official use only**We hereby confirm that the applicant meets and satisfies the membership criteria****Board Member**

Name: -

ID No: -

Sign: -

Date: -

Chairman

Name: -

ID No: -

Sign: -

Date: -