



# NEHAWU SACCO

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## MEMBERSHIP APPLICATION FORM

**Please accept this application as my request for membership:**

Surname	_____	First name	_____
Date of Birth	_____	I.D. Number	_____
Postal Address	_____ _____ _____	Work Place	_____
Home Tel	_____	Work Department	_____
Cell number	_____	Work Telephone:	_____
Email address	_____	Employee Number	_____

### **MEMBERSHIP DECLARATION**

**As a member of NEHAWU SACCO, I undertake to support the principles of the SACCO, the spirit of co-operation and democracy, abide by credit rules and save and repay loans regularly.**

Please deduct R\_\_\_\_\_ Joining Fee and R\_\_\_\_\_ for shares as from \_\_\_\_\_  
Regular savings R\_\_\_\_\_ as from \_\_\_\_\_  
Christmas or Education Savings R\_\_\_\_\_ as from \_\_\_\_\_

PROVINCE \_\_\_\_\_ REGION \_\_\_\_\_

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

### **NEHAWU SACCO BANK DETAILS**

NEHAWU SACCO, ACC NO: 000183806, BRANCH CODE: 000205, BRANCH:  
Johannesburg, STANDARD BANK

**DESIGNATION OF BENEFICIARY**

*This designation shall only be effective when delivered and filed with NEHAWU SACCO duly executed by an insured member and during the lifetime of the beneficiary designated (PLEASE PRINT).*

Member Number: .....

Date: ...../...../.....

I, ....., being a member of Nehawu SACCO  
(FULL NAMES OF MEMBER)

do hereby designate:

Name of Beneficiary	Relationship	Address	Code	%

I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of Beneficiary form shall constitute a change of beneficiary. Payment of proceeds to a designated beneficiary or, if none, to the beneficiary determined by NEHAWU SACCO as entitled to such proceeds under said Contract shall discharge NEHAWU SACCO from any and all liability to the extent of such payment.

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 Witness

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 Signature of member (DO NOT PRINT)
**Explanation: (English)**

The purpose of this form is to instruct your SACCO who to pay your Life and Loans insurance benefits to when you die. Without this form it may take a long time for your SACCO to determine who is legally entitled to receive your insurance benefits after your death. All that is needed is your name, the name and address of your beneficiary, how they are related to you, if at all and your signature that must be witnessed by another person (but not the beneficiary). Your SACCO will keep this form. You may change your beneficiary by submitting anew Designation of Beneficiary form at any time.

**Verduidelikende Nota: (AFRIKAANS)**

Die doel van hierdie nominasie is om die SACCO instaat te stel om u voordeel aan u genomineerde bevoordeelde uit te betaal na u afterwe, en uitbetalings te bespoedig. U mag u genomineerde bevoordeelde te eniger tyd verander deur n andernominasie by u SACCO in te handig. Geliewe sorg te dra dat u genomineerde bevoordeelde nie ook as getue op hierdie nominasie teken nie. Indien u handtekening deur n kruisie verteen woordig word moet sodanige kruisie deur n kommissaris van ede gesertifiseer word as synde n kruisie deur u gemaak. Ten einde uitbetalings verder te bespoedig word voorgestel dat, indien moontlik eide die werktelefoon-nommer van u bevoordeelde ingevul word in die spatie daarvoor gereserveer.

**Inkcazelo: (XHOSA)**

Unobangela wale fomu kukuyalela iSACCO yakho ukuba amalungelo e Life ne Loans Insurance akho abhatalwe bani na xa ubhubhile. Ngaphandle kwale fomu iSACCO yakho iyakuthatha ithuba elide ukuqinisekisa ukuba ngubani omakafumane amalungelo e-insurance yakho ngokusemthethweni xa ubhubhile. Nazi izinto ezifunekayo; igama lakho, igama nedilesi lalomntu uza kufumana amalungelo e-insurance yakho xa ubhubhile, nokuba uzalana njani nawe, uze usayine kubekho nengqina elisayinayo kodwa lingabi ngulo mntu uzakufumana amalungelo akho. ISACCO izakugcina le fomu. Ungamshintsha umntu ozakufumana amalungelo e-insurance yakho nanini uthanda, oko ukwenza ngokungenisa enye ifomu entsha ekwanje ngale.

**Incazelo: (ZULU)**

Leliphepha lichazela iqembu lakho ukuthi amalungelo e Life ne Loans insurance akho abhadalwe bani uma ufile. Uma leliphepha lingekho iqembu lakho lingathatha isikhathi eside ukuthi bazi ukuthi banikeze bani amalungelo akho ngokusemthethweni. Kufuneka igama lakho, negama lomuntu ozothola amalungelo akho, nomfakazi wakho, kodwa hayi umuntu ozothola amalungelo akho. Iqembu lakho lizoligcina leliphhepha. Uma ufuna ukutshintsha umuntu ozokuthola amalungelo akho kuvumelekile, ungagcwalisa elinye iphepha.

The details of my/our account are as follows:

BANK :	_____	CARDHOLDERS NAME :	_____
BRANCH TOWN :	_____	CARD NUMBER :	_____
BRANCH NO. :	_____	EXPIRY DATE :	_____
ACCOUNT NAME. :	_____	CVV NUMBER :	_____
ACCOUNT NO. :	_____		(three digit number on back of card)
TYPE OF A/C :	_____	CARD TYPE :	_____

This signed Authority and Mandate refers to our contract as dated as on signature hereof \_\_\_\_\_. I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

On the \_\_\_\_\_ day of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**MANDATE**

I/We acknowledge that all payment instructions issues by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally

**CANCELLATION**

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**ASSIGNMENT**

I/We acknowledge that this authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the agreement, this authority and mandate cannot be assigned to any third party

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS*