

AANSOEK OM LIDMAATSKAP VAN DIE

Hiermee doen ek (Voorletters en van) _____, as verteenwoordiger van (Besigheidsnaam) _____ aansoek om lidmaatskap van die Tygerberg Sakekamer met deelname in al die regte en verpligtinge wat uit sodanige lidmaatskap voortspruit en onderhewig is aan die Grondwet van die genoemde kamer.

BESONDERHEDE VAN AANSOEKER:

HOEDANIGHEID:

TITEL: VOORLETTERS: VAN:

NOEMNAAM: ID NR:

E-POS: KONTAK TEL NR:

FAKS NR: SELFOON NR:

BESIGHEIDS BESONDERHEDE:

Naam van Besigheid:

Ondernemings vorm : Aantal werkers in diens:

Besigheid Reg nr : Jaarlikse omset:

Tipe besigheid: R

Aandeelhouers:
1. _____
2. _____
3. _____

Web Tuiste:

Besigheids adres:
(Nie pos adres)

AHI BANK BESONDERHEDE:
 NAAM: AHI TYGERBERG
 BANK: ABSA
 REK NO : 1101 900 521
 TAKKODE: 632005

Kort beskrywing van dienste/produkte:

LIDMAATSKAP FOOI: R1 000 per jaar, betaalbaar jaarliks teen 15 Maart. Indien daarna betaal is dit R1 200 per jaar. 'n Maandeliks debietorder van R100 pm is ook 'n opsie.

HANDTEKENING VAN AANSOEKER: _____ DATUM: _____

VIR KANTOOR GEBRUIK: Lid nommer: _____

Lede lys ___/___/___ Faktuur ___/___/___ E-pos ___/___/___ Betaling ___/___/___

MEMBERSHIP APPLICATION TYGERBERG BUSINESS CHAMBER

Herewith I (Initials & surname) _____, as authorized representative off
 (Business name) _____, apply for membership of the Tygerberg
 Business Chamber subject to the constitution of the chamber.

PARTICULARS OF APPLICANT:

POSITION:

TITEL: INITIALS: SURNAME:

NICKNAME: ID NR:

E-MAIL: CONTACT TEL NR:

FAX NR: MOBILE NR:

BUSINESS DETAILS:

Registered / Trading name:

Entity type (CC/PTY): NR OF EMPLOYEES:

Business Reg nr :

Type of Business: ANNUAL TURNOVER:

Shareholders: WEB SITE:

1. _____
 2. _____
 3. _____

Business Address: (Not postal)

AHI BANKING DETAILS:
 NAME: AHI TYGERBERG
 BANK: ABSA
 ACC NR : 1101 900 521
 BRANCH CODE: 632005

Short description of services or products:

MEMBERSHIP FEE: R1 000 per annum payable by 15th March. After that the fee will be R1200. You can also pay by debit order @ R100 per month.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE: Membership nr: _____

Members list ___/___/___ Invoice ___/___/___ E-mail ___/___/___ Payment ___/___/___

MEMBERSHIP NR: _____

BANK DEBIT ORDER INSTRUCTION

GIVEN BY:

TITLE: INITIALS: SURNAME:

PHYSICAL ADDRESS:

CONTACT TEL NR:

TO: TYGERBERG BUSINESS CHAMBER

Abbreviated name as registered with the Bank: AHI Tygerberg

I/we hereby authorize you to debit my/our account with the banking details below (or any other bank or branch that I/we may change to) with my membership fees of R_____ or any variable amount pertaining to this agreement, *on the 1st working day of every month / annually on the 1st working day of February*. This sum being the amount for settlement / payment of my annual membership fees to the Tygerberg Business Chamber.

I/we hereby authorize you to debit my/our account with effect from ____ / ____ / _____ .

MY BANKING DETAILS :

Account name :

Bank :

Branch Code : Account Number:

Account Type:

I/We agree that although this authority and mandate may be cancelled by me/us, giving 30 days written notice, such cancellation will not cancel the agreement. I/We shall not be entitled to any refund of amounts which we have been withdrawn from my account while this authority was in force and such amounts were legally owing to the Tygerberg Business Chamber

I/we hereby agree that the party hereby authorized to debit my bank account may not cede or assign any of its rights and that I/we may not cede any of our obligations in terms of this debit order instruction to any third party without prior written consent of the authorized party.

I/we further agree that should a debit order be returned by my bank as *unpaid*, that a double payment may be submitted the following month to settle the arrears amount.

AUTHORIZING SIGNATURE: _____

DATE: _____