



Stokvel Registration Form

Stokvel Name:
Stokvel Type: <input type="checkbox"/> Burial <input type="checkbox"/> Investment <input type="checkbox"/> Groceries <input type="checkbox"/> Saving <input type="checkbox"/> Other
Number of Stokvel Members:
Stokvel Meeting Week: <input type="checkbox"/> 1st Week <input type="checkbox"/> 2nd Week <input type="checkbox"/> Month End <input type="checkbox"/> Other
Meeting Venue:

Applicant Contact Details

Name:	Surname:
Cell Phone # :	Email:

Stokvel

Chairman	
Name:	Surname:
RSA ID #:	Cell Phone #:
Address:	

Treasurer	
Name:	Surname:
RSA ID #:	Cell Phone #:
Address:	

Secretary	
Name:	Surname:
RSA ID #:	Cell Phone #:
Address:	