

<input type="checkbox"/> Company		<input type="checkbox"/> Stokvel		<input type="checkbox"/> Group		<input type="checkbox"/> Individual	
<input type="checkbox"/> South African		<input type="checkbox"/> International					
<b>Province:</b>							
<input type="checkbox"/> Gauteng		<input type="checkbox"/> Eastern cape		<input type="checkbox"/> Free State		<input type="checkbox"/> KwaZulu-Natal	
<input type="checkbox"/> Limpopo		<input type="checkbox"/> Mpumalanga		<input type="checkbox"/> North West		<input type="checkbox"/> Western Cape	
<input type="checkbox"/> Northern Cape							
<b>Company /Stokvel/Group/Individual Details</b>							
<b>Name of Country</b>							
Name:							
Gender:							
Registration no:							
Address:							
						Municipality:	
Telephone:						Email	
Description:							
<b>Director / Trustee / Organiser / Manager</b>							
Person 1		First Name:					
		Last Name:					
		ID Number:					
		Email:					
		Telephone:					
		Responsibility					
Person 2		First name:					
		Last Name:					
		ID Number:					
		Email:					
		Telephone:					
		Responsibility:					
Person 3		First Name:					
		Last Name:					
		ID Number:					
		Email:					
		Telephone:					
		Responsibility:					
<b>3. Beneficiaries:</b>							
Person 1:		First Name:					
		Last Name:					
		ID Number:					
		Email:					
		Telephone:					



Mobile: +27 (0) 12 010 0787 – [www.pumaa.co.za](http://www.pumaa.co.za)  
 Address: 352 Eastmore Crescent, Cedar Creek Estate - Needwood Ext 8 - 2055  
 Registration Number: 2020/ 222604/ 08

Relationship:	
Person 2:	First Name: Last Name: ID Number: Email: Telephone: Relationship:
<b>4. Payment options</b>	
<input type="checkbox"/> Monthly <input type="checkbox"/> Biannual <input type="checkbox"/> Annual	
<b>Rand (R) Contributions:</b>	
<input type="checkbox"/> R100 Member Donation <input type="checkbox"/> R100 Member Investment <input type="checkbox"/> Additional Donation Amount R _____ <input type="checkbox"/> Additional Investment Amount: R _____	
<b>Dollar(\$ ) Contributions:</b>	
<input type="checkbox"/> \$10 Member Contribution <input type="checkbox"/> \$10 Member Investment <input type="checkbox"/> Extra Investment Amount: \$ _____ <input type="checkbox"/> Extra Donation Amount : \$ _____	
<input type="checkbox"/> Non member Donations: R _____ <input type="checkbox"/> Non Member Donations: \$ _____	
<b>5.EFT Payments</b>	
TRUST ACCOUNT:	M.R. PHALA ATTORNEYS
BANK	STANDARD BANK
ACCOUNT NUMBER:	021034192
BRANCH CODE:	01192
ACCOUNT TYPE:	TRUST CHEQUE ACCOUNT
REFERENCE	PUMAA FIRST & LAST NAME
Form Submission:	<a href="mailto:info@pumaa.co.za">info@pumaa.co.za</a>

SIGNATURE PERSON 1 \_\_\_\_\_

SIGNATURE PERSON 2 \_\_\_\_\_

SIGNATURE PERSON 3 \_\_\_\_\_

WITNESS \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_