APPLICATION

BRANCH:_____

Member Number: _____

Member Name: _____

Telephone #: _____

ID Type & Number: _____ **Expiry Date:**_____

	TENURE	CONDITION FOR REWARD	REWARD
[ ]	10 WEEKS*	MAX. ONE LATE PAYMENT ALLOWED	9% EXTRA HAND
[ ]	16 WEEKS	MAX. ONE LATE PAYMENT ALLOWED	15% EXTRA HAND
[ ]	24 WEEKS	MAX. TWO LATE PAYMENT ALLOWED	35% EXTRA HAND
[ ]	36 WEEKS	MAX. THREE LATE PAYMENT ALLOWED	80% EXTRA HAND
[ ]	48 WEEKS	MAX. FOUR LATE PAYMENT ALLOWED	150% EXTRA HAND

***Facilitates **only** Weekly and Fortnightly Payments.*

FREQUENCY

[ ] WEEKLY

[ ] FORTNIGHTLY

[ ] MONTHLY

PAYMENTS MUST BE MADE BEFORE THE AGREED DAY OF THE WEEK/MONTH IN ORDER TO AVOID PENALTIES

Minimum Weekly Hand =$500

Signing this agreement, verifies that I have read and understood all the above-mentioned terms and conditions and have agreed to be bound by them.

Member Signature: _____ **Date**_____

Witness:_____

(Name & Signature)