



ASSOCIATEAPPLICATION FORM

Surname:												
Name:												
Residential address:												
City:												
Province:												
				Code:								
Tel No:		Cell No:										
Email Address:												
ID Number:						Date of Birth:						

If you are a Student, Royalty, Sole Proprietor, Company, Close Corporation, Co-operative or Trust, please provide the following information:

Type of Associate:					
Name:					
Address:					
City:					
Province:					
				Code:	
Tel No:		Cell No:			
Email Address:					
Position:					

Who invited you:

Surname:					
Name:					

Declaration by Associate:

I declare to the best of my knowledge and belief that the particulars given herein are true and correct. I have read and accept the rules and conditions of the Mlek Holdings and I am fully aware that although there is no annual membership fee payable, I will become a part of the Mlek Holdings database.

Signature.....

Signed at..... on this..... day of..... 20.....