MEMBERSHIP APPLICATION FORM

Surname:	
Name:	

Residential address:	
City:	
Province:	
	Code:

Tel No:		Cell No:	
Email Address:			

ID Number:													Date of Birth:							

If you are registering as a Sole Proprietor, Company,Close Corporation, Co-operativeor Trust, please provide the following information:

Type of Entity:	
Name of Entity:	

Address of Entity:	
City:	
Province:	
	Code:

Tel No:		Cell No:	
Email Address:			
Nature of Business of the Entity:			
Position in Entity:			
Entity CIPC Registration Number:			

Who invited you:

Surname:	
Name:	

Declaration by Member:

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 there is anannual membership renewal fee.

Signature……

Signed at…… on this…… day of…… 20……..