



**UBUNCWANE**  
ASSOCIATION

**UBUNCWANE ASSOCIATION MEMBERSHIP APPLICATION**

Please send the completed application, together with the following documents to: [admin@ubuncwane.com](mailto:admin@ubuncwane.com)

- o Profile Photo
- o FICA Documents (Copy ID / Proof of Residence / Proof of Banking)
- o Short 1-pager CV showing your skills and core business attributes

APPLICANT PERSONAL INFORMATION			
Full Names & Surname:		Known As:	
Date of birth:	ID / Passport N <sup>o</sup> :	Nationality:	
Highest Qualification:		Marital Status: S / M / D / W	
Physical address:			
Mobile N <sup>o</sup> :	E-Mail Address:		
Home Language:	Race:(for statistical purposes) B / C / I / W	Gender: F / M / OTHER	
How did you hear about us? Social Media / Radio / Word of Mouth		Referrer:	
EMPLOYMENT INFORMATION			
Current Employer:		Current Profession:	
Details of Industry:	Sub-industry:	How long in Industry?	
To Which Professional Bodies Do You Belong:			
Applying For: Self / Business	If Business, Total Number of Employees:		
Business Name:	FSP N <sup>o</sup> :	VAT N <sup>o</sup> :	
Contact Person, Role & Responsibility, Contact Nr:			
<i>TAKE NOTE:</i> Every employee to complete an application form			
Expectation of Membership: <i>What benefit are you expecting to receive from being a member of the Ubuncwane Association?</i>			
BANKING DETAILS FOR MONTHLY CONTRIBUTIONS			
Account Holder: <b>UBUNCWANE FIDUCIARY PTY LTD</b>			
Bank: <b>NEDBANK</b>	Branch: <b>SANDOWN</b>	Branch Code: <b>193 305 00</b>	
Account N <sup>o</sup> : <b>1204 723 419</b>	Reference: <b>Initials &amp; Surname</b>		
<i>Please send proof of payment to: <a href="mailto:admin@ubuncwane.com">admin@ubuncwane.com</a></i>			

**I wish to become a member of the Ubuncwane Association. I agree to be bound by the rules of the Ubuncwane Association and the processing of data for the purposes of furthering the objectives of the Association.**

1. Data will be acquired and managed fairly and used for legitimate purposes for the benefit of the members.
2. Ubuncwane Association confirms that it will comply to POPI Regulations
3. Ubuncwane Association has written contracts with all third parties who commit to manage data in line with the POPI Act



**Applicant Initial**



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The information you have provided will be kept in accordance with our Privacy Policy and the POPI Act.  
I have received a copy of this application.

SIGNATURES	
Signed at:	Capacity:
Signature:	Date:



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FOR OFFICE USE	
Date Application Received:	Processed By:
Registration Fee Received: Y / N      Amount:	Member Nº:
FICA Received: ID / Residence / Banking	Referred By: