



**National Association
For Co-operative
Financial Institutions
Of South Africa**

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Reg. No. 2013/004124/25

All applicants are required to complete and return this registration form accompanied with proof of payment of R2000 registration fee to:NACFISA via an email: info@nacfisa.org or fax to: *Attention* Mr M. Sikhosana **0123465891**

Section A: Organizational Information				
Name		Abbreviated name		
Registration no.		Date of registration		
Physical address		Postal code		
		Email address		
Postal address		Telephone no.		
		Fax no.		
Province		Town & municipality		
Contact person		Cellphone no.		
Section 2: Organizational Profile				
No of Board members		No of males		
		No of females		
		No of PWD's		
No. of members		Total Assets		
No. of depositors		Deposits		
No. of borrowers		Loan book value		
Accountant/Auditor		Reserves		
Banker/s		Town		
Section 3: Attachments				
Document	YES	NO	N/A	Comments
Reg. documents				
Latest AFS				
Latest Annual Report				
Proof of payment				
Service agreement				

I _____ the undersigned declare that the information provided herein above is true to the best of my knowledge and authorize NACFISA to perform any verification deemed necessary to confirm the same.

Signature

___/___/20___

Witness Signature

All payments to be made to the following details:

Account Name: NACFISA
Bank name: First National Bank (Brooklyn)
Account number: 62642016697
Account type: Current

For Official Use			
Received by		Date	
Verified by		Date	
Approved by		Date	