



JANE FURSE COOPERATIVE BANK

SHAREHOLDER APPLICATION FORM

(In Compliance with SARB Cooperative Banks Act & Regulations)

1. APPLICANT DETAILS

Field	Information Required
Full Names	_____
ID / Passport Number	_____
Date of Birth	_____
Gender	_____
Residential Address	_____
Postal Address	_____
Contact Number	_____
Email Address	_____
Employment Status	Employed / Self-Employed / Unemployed / Retired
Occupation	_____
Employer / Business Name	_____

2. SHARE SUBSCRIPTION (EQUAL SHAREHOLDING RULE)

In accordance with SARB Cooperative Bank rules, each member is entitled to purchase ONE share only.
All members hold equal shares.

Item	Details
Share Price (Fixed)	R1,000.00
Number of Shares	1 (One)
Total Share Value Payable	R1,000.00
Method of Payment	EFT / Deposit / Stop Order

3. BANKING DETAILS FOR SHARE PAYMENT

Account Name: Jane Furse Cooperative Bank

Bank: _____

Account Number: _____

Branch Name & Code: _____

Payment Reference: Share – [Your Full Name]

4. SUPPORTING DOCUMENTS (ATTACH)

- Certified Copy of SA ID / Passport
- Proof of Residence (not older than 3 months)
- Proof of Income (if required)
- Completed & signed application form

5. MEMBER DECLARATION

I, _____, hereby apply to become a member and shareholder of **Jane Furse Cooperative Bank**.

I understand and agree that:

- I may only hold **one (1) equal share** in the Cooperative Bank.
- My rights and responsibilities as a member shall be governed by the Cooperative Bank Act, the Bank's Constitution, and internal policies.
- The information provided is true and correct.

Applicant Signature: _____

Date: _____

6. OFFICE USE ONLY

Field	Details
Application Received By	_____
Date Received	_____
Supporting Docs Verified	Yes / No
Membership Approved	Yes / No
Shareholder / Membership Number	_____
Authorised Officer Name	_____
Signature	_____