



NATIONAL AFRICAN FEDERATED CHAMBER OF COMMERCE AND INDUSTRY

**FREE STATE PROVINCE**

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**APPLICATION/DATABASE FORM**

I/We hereby apply to be a member of Nafcoc. I acknowledge that I will abide by the rules and regulations and the constitution of Nafcoc during my term of membership.

NAMES

SURNAME

ID NUM

ADDRESS

TEL:  E-MAIL:

BUSINESS NAME:

BUSINESS ADDRESS:

REGISTRATION NUM:

BUS TEL:  E-MAIL:

SECTOR:	HAWKERS/INFORMAL	<input type="text"/>	YOUTH	<input type="text"/>
	TRANSPORT	<input type="text"/>	WOMEN	<input type="text"/>
	MANUFACTURING	<input type="text"/>	DISABLED	<input type="text"/>
	LEISURE/TOURISM	<input type="text"/>		<input type="text"/>
	MINING	<input type="text"/>		
	FARMING	<input type="text"/>		
	RETAIL	<input type="text"/>		
	CONSTRUCTION	<input type="text"/>		
	SECURITY/CLEANING	<input type="text"/>		
	ITC	<input type="text"/>		
PROFESSIONALS	<input type="text"/>			

**BANKING DETAILS ( Annual Subscription of R500 )**

ACCOUNT NAME	ACC NUMBER	BRANCH	BANK
NAFCOC	041297709	BRANDWAG	STANDARD BANK

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Official	DATE	SIGNATURE
Secretary/Chairman	<input type="text"/>	<input type="text"/>