



# APPLICATION FORM

Ver 5.1

Name:		Surname:		MR/MRS/ MISS/MS	
ID:		Cell No:			
Passport No:					
Physical Address:					
Postal Code:					
Email:					
Bank Ref:		Date:		Bank:	

**IMPORTANT  
NOTE:**  
You can  
ONLY  
use your own  
Cell Phone  
Number

**\* When making payment to KerChing use Your ID/PASSPORT NO as Reference.**

**\* NB: Please fill in the Bank's Payment Reference number, plus date of payment and from which bank payment was made to ensure we can link the payment to your application.**

**Enrollers Details:** Please email this form to: [application@ker-ching.co.za](mailto:application@ker-ching.co.za) with POP.

Name:	<b>Werner</b>	Surname:	<b>Hattingh</b>	Member No:	<b>6272</b>
ID:	<b>Not Needed - Member #</b>	Cell Number:	<b>0824925611</b>		

**Collection of Card:** (Type x for home couriered)

Courier to Home ☐ PostNet Branch ☐

## Office Use Only:

Card Number:  Member Number

Notes


Deposits:  Cash deposited: ☐ EFT:

### Banking Details:

Bank: **FNB**  
Account Name: **KerChing**  
Account no: **627 868 924 90**  
Branch: **25 06 55**  
Reference: **ID Number or Passport Number**

Info on: WhatsApp Number: 0740751114 & Please email this form to: [application@ker-ching.co.za](mailto:application@ker-ching.co.za)

**Our Website: [www.ker-ching.co.za](http://www.ker-ching.co.za).**