PREMSA APPLICATION AND MEMBERSHIP FORM **Application & Membership No……(office) Doc 1**

PEOPLE RESTORATIVE MOVEMENT OF SA (NPC)
Reg. No. 2021/139054/08
32 Church Street
1st Floor Wellington Centre
Wellington
Western Cape, 7655
Email:admin@premsa.co.za
PREMSA

PEOPLE RESTORATIVE MOVEMENT

OF

SOUTH AFRICA

32 Church Street
Wellington Centre, Wellington, 7655
Cell: 068 230 5814
ctg6@premsa.co.za

Name and Surname	**Consortium name**
…….	**…….**
PROVINCE……..	**Date. ……**

Indicate " x " the type of application.
Dui aan met "x" die aard van aansoek.

Business new	**Youth Dev**	**Property**	**Children**
Business support	**Job creation**	**Agri new Agri support**	**Youth**
Legal new Legal support	**Domestic support**	**Mining new**	**Pensioners**
Training	**Community upliftment**	**Mining support**	**Caregivers**

Business plan attached	**CV attached**
Copy of ID doc.attached	**Any certificates attached**

To: The National Consortium of PREMSA.

***I, the undersigned hereby wish to apply for …… by* PREMSA**

NAME……SURNAME……

ID NO……BIRTH PLACE……NATIONALITY……

Current Address /Huidige Adres……

……

CELL Nr: …… Business No……

If working indicate company name & address……

Company telephone no. and reference person……

- **I herewith also declare that I am registered / or not registered with any organization of such a nature. YES …… NO ……**
- **I, the undersigned hereby acknowledge that I am a SA indigenous first nation affiliate and herewith approach PREMSA for support as indicated above. I give PREMSA authorization to perform a clearance check on my behalf.**
- **I herewith declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application.**

Signed at ……this day……(Day)……(Month)……(Year)

Name: …… Signature……

Witness: …… **Signature……**

<u>FAMILY INFORMATION</u>: - **Application & Membership No……(office) Doc 2**

APPLICANT FULL NAMES: -

……

APPLICANT ID NUMBER:- ……..

APPLICANT SPOUSE FULL NAMES: -

……

SPOUSE ID NUMBER:- ……

ADDRESS:-

……

……

NB!!! CHILDREN AGE 18 – 35 (NOT MARRIED - ONLY TWO INDIVIDUALS PER HOUSEHOLD WILL RECEIVE BENEFITS FROM THE PREMSA ORGANIZATION.)

	NAME & SURNAME	ID NUMBER	SUPPORT REQUEST
1.			
2.			