



- Documents required:**
- ID of authorised person who completes the application form (Green ID Book / ID Card)
 - Proof of NPO address (utility bill no older than 3 months in the name of the NPO)
 - Proof of NPO bank account (bank statement / cancelled cheque / bank letter in the name of the NPO)
 - Copy of NPO registration certificate

The Shoprite Group Act for Change Card Application Form

1. Organisation Details

Registered Name of Organisation: NPO Registration Number:

Type of Organisation: Voluntary Association
 Trust
 Not-for-profit Company
 Other

Physical Address:

Postal Code:

Physical Address:

Postal Code:

Short overview of organisation's focus area:

Applicant Contact Details: Fax Number:
Telephone Number: Email Address:
Cell Phone Number: Is the organisation registered as a Public Benefit Organisation (PBO) with SARS?: Yes No
Website: PBO Registration Nr:

2. Details of Authorised Representative

Title: Mrs Mr Ms Dr Initials:
Name: Surname:
Identity Number: Date of Birth:
Designation:

Authorisation: I hereby confirm that the information provided is true and correct and that I have the authority to do so.

- We require a scanned copy of the authorised representative's Identification Document (Green ID Book / ID Card)
- We require a scanned copy of the proof of NPO address (utility bill no older than 3 months in the name of the NPO)

3. Bank Account Details

We require this information to assess the credit status of your organisation.

Name of Bank:	<input type="text"/>	Account Number:	<input type="text"/>
Account Holder's Name:	<input type="text"/>	Branch Code:	<input type="text"/>
Type of Account:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	How many years have you banked here:	<input type="text"/>

We require a scanned certified copy of the proof of NPO bank account (bank statement / cancelled cheque / bank letter in the name of the NPO)

4. Debit Order Authorisation

Would you like to pay your Shoprite Group Act for Change Card by debit order: Yes No

If yes, please complete the details below:

Name of Bank:	<input type="text"/>	Bank Account Number:	<input type="text"/>
Bank Account Name:	<input type="text"/>	Branch Name:	<input type="text"/>
Type of Account:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Branch Code:	<input type="text"/>
Authorisation:	<input type="checkbox"/> I hereby confirm that the information provided is true and correct and that I have the authority to do so.		

5. Preferences

Would you like to receive your statement via: Post Email

Would you like to receive important account information via SMS:

Yes No Please provide cell number:

Which store do you prefer: Shoprite Checkers Both

6. Purchase Limit

Purchase limit applied for: R

*Please Note: Organisations can also apply for cards with a zero credit limit. The cardholder would then be required to load funds into the account prior to transacting.

7. Signature

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the Terms and Conditions attached to this application form and agree on behalf of the Organisation to abide by the rules governing the Shoprite Act for Change Card. I confirm that I am duly authorised to make this application on behalf of the Applicant and that the Applicant has the necessary legal capacity to enter into an agreement with Shoprite Checkers (Pty) Ltd as envisaged.

Type your full name as a signature:	<input type="text"/>	Designation:	<input type="text"/>
Date:	<input type="text"/>		

Please email this form and the required supporting documents to actforchangecard@shoprite.co.za