

- Documents required:
- ID of authorised person who completes the application form (Green ID Book / ID Card)
  - Proof of School Address (utility bill no older than 3 months in the name of the School)
  - Proof of School Bank Account (bank statement / cancelled cheque / bank letter in the name of the School)

## The Shoprite Group Edu Card Application

### 1. Applicant Details

Registered Name of School:	<input type="text"/>	School Registration Number:	<input type="text"/>
Trading Name:	<input type="text"/>	Postal Address:	<input type="text"/>
Physical Address:	<input type="text"/>		<input type="text"/>
	<input type="text"/>		Postal Code:
	Postal Code:		<input type="text"/>
	<input type="text"/>		
Applicant Contact Details:			
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Cell Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

### 2. Details of Authorised Representative

Title:	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Initials:	<input type="text"/>
Name:	<input type="text"/>	Surname:	<input type="text"/>
Identity Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Designation:	<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.		

- We require a scanned copy of the authorised representatives Identification Document (Green ID Book / ID Card)
- We require a scanned copy of the Proof of School Address (utility bill no older than 3 months in the name of the School)

### 3. Bank Account Details

We require this information to assess your credit status:

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	How many years have you banked there:	<input type="text"/>
	<input type="checkbox"/> Savings		
	<input type="checkbox"/> Transmission		

We require a scanned certified copy of the Proof of School Bank Account (bank statement / cancelled cheque / bank letter in the name of the School)

#### 4. Debit Order Authorisation

Would you like to pay your Shoprite Group Edu Card by debit order:

Yes  No

If yes, please complete the details below:

Name of Bank:

Bank Account Number:

Bank Account Name:

Branch Name:

Type Of Account:  Current

Branch Code:

Savings

Transmission

Authorisation:  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:

No  Yes Please provide Cell Phone Number:

Which store do you prefer:  Shoprite  Checkers  Both

#### 6. Purchase Limit

Purchase limit applied for: R

#### 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 Applicant to abide by the rules governing the Shoprite Group Edu 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:

Designation:

Date:

Please email this form to the Shoprite Group Card Division [educard@shoprite.co.za](mailto:educard@shoprite.co.za)