



- 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)
 - Proof of Bank Code for purchase limit applied for (not required if limit is zero)
 - Copy of NPO registration certificate

The Shoprite Group Act for Change Card Application Form

1. Organisation Details

Registered Name of Organisation:	<input type="text"/>	NPO Registration Number:	<input type="text"/>
Type of Organisation:	<input type="checkbox"/> Voluntary Association <input type="checkbox"/> Trust <input type="checkbox"/> Not-for-profit Company <input type="checkbox"/> Other	Physical Address:	<input type="text"/> <input type="text"/> <input type="text"/> Postal Code: <input type="text"/>
Physical Address:	<input type="text"/> <input type="text"/> Postal Code: <input type="text"/>		
Short overview of organisation's focus area:	<input type="text"/>		
Applicant Contact Details:	<input type="text"/>	Fax Number:	<input type="text"/>
Telephone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Cell Phone Number:	<input type="text"/>	Is the organisation registered as a Public Benefit Organisation (PBO) with SARS?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Website:	<input type="text"/>	PBO Registration Nr:	<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 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.

A scanned certified copy of the Bank Code for purchase limit applied for needs to be attached to the application (not required if limit is zero)

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: Designation:

Date:

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