

Act For Change Card Application

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

01 Organisation Details

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

• We require a scanned copy of the proof of NPO address (utility bill no older than 3 months in the name of the NPO)

02

Details of Authorised Representative

Title:	<input type="radio"/> Mrs <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Dr	Initials:	<input type="text"/>
Name:	<input type="text"/>	Surname:	<input type="text"/>
Identity Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Cellphone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Designation:	<input type="text"/>		
Authorisation:	<input type="radio"/> 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)

03

Preferences

Would you like your statement via:	<input type="radio"/> Post	<input type="radio"/> Email	
Would you like to receive important account information via SMS:	<input type="radio"/> Yes	<input type="radio"/> No	Please provide cell number: <input type="text"/>
Which store do you prefer:	<input type="radio"/> Shoprite	<input type="radio"/> Checkers	<input type="radio"/> Both
Would you like a secondary card:	<input type="radio"/> Yes	<input type="radio"/> No	How many cards do you require: <input type="text"/>

04

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.

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:

Email: **actforchangecard@shoprite.co.za**
Attention: **Shoprite Group Debtors Cards Division**