



P.O. Box 40060
 Ausspannplatz
 Tel. No.: 061 247928
 E-mail: info@mla-nam.com
 Website: www.mla-nam.com

Application for Membership

This application form must be completed in ink by a partner, director or owner of the business and scanned and e-mailed to: info@mla-nam.com

If there is insufficient space to answer any question, please use an additional sheet and attach it to this form. The information supplied on this form will be used to evaluate your business according to the MLA minimum requirements where after you will be informed of the outcome of your application.

- Please note that acceptance as a member of the Association is not automatic and is subject to the approval of the Management Committee.
- An application for membership will only be considered if it meets all of the Association’s membership requirements. It is not the policy of the Association to waive any of the membership requirements.
- The Association minimum requirements are explained in the *Constitution* and *Code of Conduct* - both documents can be viewed on the official MLA website: www.mla-nam.com

<p>Member account reference number: (to be completed by MLA upon approval)</p> <ul style="list-style-type: none"> • This number will be communicated to you and used as reference on all invoices and are to be used on all payments as reference. 	
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PARTICULARS TO BE COMPLETED:

1. Name of business:

1.1.	Registered name:	
1.2.	Trading name (if different from above):	

2. Type of business (Select and complete appropriate details):

	Select (✓):	Registration number(Company/CC/ Trust) or ID number/s (Sole proprietor & partnership):	Date of registration:
Sole proprietor			
Partnership			
Limited company			
Close corporation			
Trust			

3. NAMFISA registration:

Number:	Date of registration:	Not yet registered (✓):

4. Details of Principal Officer:

	Name & Surname	E-mail:	Cell phone:
4.1.			

5. Address & contact details of Principal Office:

5.1.	Street address:	
5.2.	Postal address:	
5.3.	E-mail address: (communication & administration)	
5.4.	E-mail address: (accounts)	
5.5.	Telephone number:	
5.6.	Cell phone number: (for notifications)	

6. Branch/outlet/mobile division details as required in Section 8.23 of Constitution:

6.1.	Number of branches/outlets/mobile divisions	
6.2.	Complete Annexure 1 with details of each branch / outlet and attach to this document.	

7. Declaration:

With signature of this document I/we declare that, upon successful application of **MLA Membership**, I/we will comply with the **Code of Conduct** and the **Constitution** of the **Micro Lenders Association of Namibia**.

I/we further declare that I/we will inform the MLA of any changes to any of the information as is required in terms of this document or for my/our membership at the MLA timeously.

I/we further acknowledge that in terms of Section 8.23 of the Constitution I/we must declare all my/our business' branches/outlets/mobile divisions and that I/we will be required to pay membership fee for each branch/outlet/mobile division as determined by the Management Committee.

I/we hereby further declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application and any attachments hereto shall form the basis of membership with Micro Lenders Association of Namibia.

Date this day of 20.....

For and on behalf of (business name):

Duly authorised signature(s).....

Full Name(s):

Position(s):

Cell phone number(s):

8. Important supporting documents to attach in order to complete this application:

	Attach the following annexures to this document:	Mark with ✓:
1.	Annexure 1 - Details of branches/outlets/mobile division	
2.	Annexure 2 - Completed & signed Payment Instruction / Debit Mandate	
3.	Annexure 3 - Copy of ID's of Owner / Partners / Members / Directors / Trustees	
4.	Annexure 4 - Copy of Company / CC / Trust Registration Certificate	
5.	Annexure 5 - Copy of NAMFISA Registration Certificate (if already registered)	
6.	Annexure 6 - Proof of payment of MLA Application For Membership Fee	

Annexure 1:

Details of branches/outlets/mobile divisions

1.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

2.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

3.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

4.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

5.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

6.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

7.

Branch Name:		Town	
Tel. No.:		Fax. No.:	
Cell. No.:		E-mail address:	
Street address:			

Note: if you have more than 7 branches/outlets/mobile divisions, please print out more copies of this Annexure, complete and attach.

Annexure 2:

PAYMENT INSTRUCTION / DEBIT MANDATE

A. This is my/our instruction to my bank to make payment as stated below and my/our bank can debit my/our bank account.

Authority

Given by (name of Account Holder)	
Address	
Account Holder's Bank	
Branch Name and Branch Code/ BIC Code	
Account Number	
Type of Account (delete which is not applicable)	Current / Savings / Transmission
Amount of deduction authorized by Account Holder	Variable
Date of first deduction	
To (name of beneficiary)	Micro Lenders Association of Namibia
Beneficiary's Address	C/o Cobalt Street & Tin Street, Prosperita, Windhoek
Abbreviated Name as Registered with the Bank	RPMICROL

This signed Authority and Mandate refers to the membership fees payable to the Beneficiary as per the Obligations of Membership referred to in the Constitution of the Micro Lenders Association of Namibia (MLA).

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as per the Constitution of the Micro Lenders Association of Namibia and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 21 (twenty one) ordinary business days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions authorized to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognized public holiday in the Republic of Namibia, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my/our account to meet the obligation, you are entitled to re-represent the instruction for payment to my account for a period of 14 days (fourteen) days.

Due to the customary early payment of salaries in December, I hereby authorize you to present my December payment instructions earlier, aligned with my salary payment date. Furthermore, if there are insufficient funds in my/our account to meet the December obligation, you are entitled to re-present the instruction to my/our account for payment as soon as sufficient funds are available for a period of 14 days (fourteen) days.

I/We understand that the payments hereby authorized will be processed through a computerized system provided by the Namibian Banks. I/We also understand that details of each payment will be printed on my/our bank statement. The bank statement must contain a reference number for identification, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify such transaction as linked to this payment instruction authorization. This number must be added to this form in Section F before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We acknowledge that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel my/our Obligations of Membership. I/We shall not be entitled to any refund of amounts which you have collected while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such cession or assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. Declaration

I/We hereby declare as follows:

- I/We have the necessary authority to sign this Mandate Authority.
- The information herein provided to you is true, correct and complete. The information shown above is correct.
- I/We agree to be bound by signing this Mandate Authority.
- By signing this Mandate Authority, I/we agree that any previous Mandate Authority signed by me/us relating to Agreement Reference Number: _____ is herewith revoked.

Signed

At _____ on this _____ day of _____ 20_____.

(Signature as used for operating on the account)

(Signature as used for operating on the account)

(Assisted By on behalf of MLA)

F. Agreement Reference Number

This Agreement number is: _____ (member account reference number as supplied by the MLA).