

ACO - AFRICAN COVENANT STEWARDSHIP REGISTRATION FORM



Contact Details

Email: info@acoparty.co.za
 Postal Address: 2803 Montana Park, Tshwane, 0159
 Fax2email: 0864767660

RECRUITED BY:

Account Details:

MEMBER DETAILS

Anything marked with an * (asterix) is mandatory*

Bank Name: FNB

Name of account: **African Covenant**
 Account No.: **627 497 46 866**

* Surname:

* Full name:

* ID/Passport number: * Date of birth:

* Country of residence:

* Company:

* Company Address:

E-mail address:

*Residential Address

*Postal Address

Please provide, if different to Residential address

Unit Number:

Complex Name (If applicable):

Street Number:

Street/Farm Name:

Suburb/District:

City/Town:

Postal Code:

Telephone numbers: Home: Office:

Postal code:

Postal code:

Preferred method of communication?

SMS: Whats App: Email:

***Important:** Communication will be conveyed via your preferred method of communication. Therefore, it is important that you mark which method you prefer.

Cell:

STEWARDSHIP CATEGORY

Category	Description	Mark with X	Method of payment e.g. CASH, EFT, CASH DEPOSIT
1. R30	One Year		
2. R500	Five Years		
3. Any other amount	Donation/Sponsor/Regular		

DECLARATION:

I confirm that I have not been forced/ coerced into supplying the above information or becoming a steward of African Covenant (ACO) but that I have done so voluntarily and as a steward of ACO, I voluntarily undertake to respect and abide by the mandate, pillars and values of ACO as well as the policies that may arise from the latter.

NOTE:

- Use your ID number as reference when paying the stewardship fee.
- No refunds for any financial contributions (Fees Sponsorship Donation) made.
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- No stewardship card will be issued if a stewardship fee has not been paid.

Date

Signature