

THE FORMOSA GARDEN VILLAGE

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Banking Details: Standard Bank Account No: 082608962 ,Branch Code: 050714

APPLICATION FORM FOR SPONSORING A COTTAGE

YOUR FGV ACCOUNT NO: _____ **OFFICE USE**
PAID MEMBER _____

FULL NAME (IN CAPITALS) _____

Physical Address _____

_____ Code _____

Postal Address _____ Code _____

PHONE NO. _____ CELL NO _____

DATE OF BIRTH _____ IDENTITY NO. _____

E-mail _____

NATIONALITY _____ SEX _____

MARRIED, DIVORCED, WIDOWED, SINGLE _____

FULL NAME OF SPOUSE _____

DATE OF BIRTH _____ IDENTITY NO. _____

MARITAL STATUS, MARRIED IN COMMUNITY OF PROPERTY/ANTENUPTIAL
CONTRACT _____

DO YOU BELONG TO A MEDICAL AID SOCIETY _____

IF SO GIVE NAME _____

DO YOU HAVE A WILL _____ WHEN WAS IT DRAWN UP _____

EXECUTOR OF YOUR ESTATE _____

NAME OF RELATIVE OR FRIENDS _____

ADDRESS _____

_____ TEL NO: _____

NAME AND ADDRESS OF YOUR DOCTOR _____

I agree to the Association's doctor obtaining a medical report from my doctor.

SIGNED _____ DATE _____

R2000.00 non- refundable fee payable and proof of payment should accompany this application.