



# CORPORATE APPLICATION FORM

HEAD OFFICES:  
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New  Amendment

MEMBERSHIP NUMBER

Please indicate how you wish to pay your subscriptions

Cash  Ecocash  Biller  Bank Stop Order  Employer Stop Order

Do you have any pending case? Yes  No

If yes give details.....

Name of scheme.....Cover Limit \$  Subscription \$

## 1. COMPANY DETAILS

Company Name:.....  
Address:.....  
Authorised By:.....

### # Two Company Representatives

(1) Surname:.....Name.....  
Sex.....D.O.B.....I.D No:.....  
Residential address:.....  
.....Email Address.....  
Telephone Numbers:.....Cell No (s):.....

(2) Surname:.....Name.....  
Sex.....D.O.B.....I.D No:.....  
Residential address:.....  
.....Email Address.....  
Telephone Numbers:.....Cell No (s):.....

## 2. Employer Stop Order

Department:.....  
Work/Employment Code No.:.....  
Start Date.....

## 3. BANK STOP ORDER DETAILS

Type of Account: Current  Savings   
Others (Specify).....  
Name of Bank.....Branch.....  
Branch Code.....Account No:.....

Monthly payment due(current/ or arrears) include any amendments that may be made in terms of the legal cover and during the life of such cover. My payment date is .....of every month. Please ensure that there is enough money in your account otherwise your membership will be lapsed. Signature of account holder: .....

### Declaration by the Applicant

I hereby certify that the information i have given above is correct and true in all respects and i have not withheld or concealed anything that may affect the proposed legal cover. I agree that should this application be accepted the contract between myself and the Society shall be strictly governed by the rules, regulations and benefits as amended from time to time by the Society. I authorise deduction from salary or Bank Account monthly subscriptions due in respect of myself.

Application's Signature..... Date.....

This was introduced to me by.....