Non-Individual Membership



Join with Insaaf and enjoy the facilities of shariah-complaint financial solution



Non-Individual Membership

Details of the entity	5
	Residential address details: PO Box is NOT acceptable Street address
Name of the entity	Suburb
	State Postcode
Type of the entity	Phone
Type of the office,	
Commencement Date	Email
Details of authorised persons or guarantors	
1 st	Residential address details: PO Box is NOT acceptable
	Street address
Full given name(s)	Suburb
	State Postcode
Surname	Phone
	Email
Date of birth (dd/mm/yyyy) Position or designation	Lindii
Date of birth (dd/mm/yyyy) Position or designation	
2^{nd}	Residential address details: PO Box is NOT acceptable
	Street address
Full given name(s)	Suburb
, (,	State Postcode
Surname	Phone
	Email
Date of birth (dd/mm/yyyy) Position or designation	EIIIdii
Date of birth (dd/mm/yyyy) Position or designation	
3 rd	Decidential address data to DO Decide NOT accordable
	Residential address details: PO Box is NOT acceptable Street address
Full given name(s)	Suburb
	State Postcode
Surname	Phone
Date of birth (dd/mm/yyyy) Position or designation	Email
Date of birth (dd/mm/yyyy) Position or designation	
4 th	Decidential address details DO Decit NOT
	Residential address details: PO Box is NOT acceptable Street address
Full given name(s)	
r an given name(3)	Suburb
Surnamo	State Postcode
Surname	Phone
	Email
Date of birth (dd/mm/yyyy) Position or designation	

If there are more than four directors/guarantors, provide details on a separate sheet and attach to this form.



Non-Individual Membership

Bank details for dividend distribution or fund redemption		
Financial institute Name:		
Account Name:		
BSB:		
Account number:		
Details of references		
1 st reference	Decidential address datails, DO Day is NOT acceptable	
	Residential address details: PO Box is NOT acceptable Street address	
Full Given Name	Suburb	
	State Postcode	
Surname	Phone	
	Email	
Relationship	Driver Licence no Occupation	
2 nd reference Full Given Name Surname	Residential address details: PO Box is NOT acceptable Street address Suburb State Postcode Phone	
	Email	
Relationship	Driver Licence no Occupation	
3 rd reference	Residential address details: PO Box is NOT acceptable	
	Street address	
Full Given Name	Suburb	
	State Postcode	
Surname	Phone	
	Email	
Relationship	Driver Licence no Occupation	





Signature 1

Signing and acknowledgement of authorized person or guarantors

By signing below, I /we acknowledge and agree:

- that I/we will make my or our own decisions to become a member of **Insaaf** and pay \$100.00 non-refundable membership fee.
- to provide identification (driving license or any other photo ID issued by the government as per requirements of **Insaaf**).
- to be bound by the terms and conditions of **Insaaf** and in the relevant Constitution (as may be amended from time to time).
- that the shareholding is subject to investment risk including possible delays in dividends loss of income or principal invested.
- that all of the information provide in this application form is complete and accurate to the best of my/our knowledge.
- that **Insaaf** reserves the right to deactivate/remove the membership at any time.
- that my/our personal information will be collected, used and disclosed by **Insaaf** in accordance with its Privacy Policy and as required by the law.

Print Name		Date
Signature 2		
Print Name		Date
Signature 3		
Print Name		Date
Signature 4		
Print Name		Date
	Offic	ce use only
Member ID	Joining date	Information verified date
Insaaf representative name		Signature