



BUSINESS REGISTRATION FORM

| | | |
|--|-------|----------------|
| Business Name | | |
| Business Address | | |
| | | |
| Business Contact Details | Email | Telephone |
| | | |
| Contact Person* *In event of emergency | Name | Contact Number |
| | Email | |
| | | |
| Type of business | | |

MEMBERSHIP TIER

| | |
|--|--|
| General Member | |
| General Member + Regular Financial Contributions / Support | |
| I WOULD BE PREPARED TO ASSIST WITH THE FOLLOWING | |
| Donations of R _____ | |
| Support Services (Administration and Patroller Support) | |

****Please tick where applicable**



Snap here to donate



Did You Know?

Donating to Plumstead Neighbourhood Watch helps us upgrade, maintain and implement new security technology in our area to protect you, your family and your business.

Please donate, we welcome all donations of any value.

ABSA Bank Plumstead
Current Acct: 4069438127
Branch Code: 632-005



I, _____
(PRINT FULL NAME)

ID NO.

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

Of _____
(BUSINESS NAME)

(BUSINESS ADDRESS)

Do hereby:

1. Undertake to read the **Plumstead Neighbourhood Watch (PNW) Constitution, Code of Conduct and the Indemnity and Non-Disclosure** documents and agree to the terms thereof (Available on the website)
2. Acknowledge that I have chosen to be a member of **Plumstead Neighbourhood Watch** and will voluntarily participate in its activities.
3. Acknowledge further, that **Plumstead Neighbourhood Watch** is not a corporate entity established by or under any law nor does **PNW** has juristic personality.
4. Indemnify **PNW**, its committee, and other members, in respect of any criminal or civil liability, against any costs, claims, suits or damages howsoever arising directly or indirectly from any intentional or unintentional acts or omissions or any negligence on my part.
5. Pledge our support to the safety and security of our community.

Signed at _____ On the _____ Of _____ 20 _____

Responsible Person Name: _____ Responsible Person Signature: _____

Witness Name: _____ Witness Signature: _____

FOR OFFICE USE

| | | | | | |
|--------------|--|-------|--|-----------|--|
| CAPTURED BY: | | DATE: | | SIGNATURE | |
| TREASURER: | | DATE: | | SIGNATURE | |
| NOTES: | | | | | |